


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N33166 1. Entity Name ORANGE BLOSSOM-LADY LAKE CHAPTER #4432 OF AARP, INC.	
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Principal Place of Business LA HACIENDA CENTER 1100 MAIN STREET LADY LAKE, FL 32159 US	Mailing Address 1210 E SCHWARTZ BLVD LADY LAKE, FL 32159
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 94-3085220	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRENNAN, ROBERT 912 VENTURA DR LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, WALTER 2074 JASPERWAY LADY LAKE, FL 32162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRADY, LUCY 1148 CHAPARRAL DR LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAY, MARGARET 535 ST ANDREWS BLVD LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARNES, HAROLD 1210 E SCHWARTZ BLVD LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMPLES, WILMER 1005 RICHARD DR LADY LAKE, FL 32159

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01/16/08-80012-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harold Barnes **HAROLD BARNES** 1/11/08 352-753-8810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #