

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90281 046 ****61.25

DOCUMENT # N45932

1. Entity Name

**PALM LAKE/RIVIERA BEACH CHAPTER #4680 OF AMERICA
 N: ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

**7272 42ND WAY NORTH
 RIVIERA BEACH FL 33404
 US**

**113 GREENBRIER C
 WEST PALM BEACH FL 33417-2392**

2. Principal Place of Business

3. Mailing Address

7272 42ND WAY N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

RIVIERA BEACH FL

Zip

Country

33404

Country

4. FEI Number

52-1707921

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENWALD, WALTER H.
 113 GREENBRIER C
 WEST PALM BEACH FL 33417-2392**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **WESTER, GLENN**
 STREET ADDRESS **11 PINE RIDGE DR**
 CITY-ST-ZIP **RIVIERA BCH FL 33404**

TITLE **PD** ☒ Change ☒ Addition
 NAME **GREENWALD, DOROTHY**
 STREET ADDRESS **113 GREENBRIER C**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417-2392**

TITLE **VPD** ☒ Delete
 NAME **TAFT, HELEN**
 STREET ADDRESS **6891 41 AV**
 CITY-ST-ZIP **WEST PALM BEACH FL 33404**

TITLE **VPD** ☒ Change ☒ Addition
 NAME **DICKEY, MARLENE**
 STREET ADDRESS **4317 21 RD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33404**

TITLE **TD** ☐ Delete
 NAME **BOCCANFUSO, DOROTHEA**
 STREET ADDRESS **7428 73 TR N 517** **CORRECTION**
 CITY-ST-ZIP **W PALM BCH FL 33404**

TITLE **TD** ☐ Change ☐ Addition
 NAME **BOCCANFUSO, DOROTHEA**
 STREET ADDRESS **7428 43 TR N 517**
 CITY-ST-ZIP **WEST PALM BEACH FL 33404**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
 NAME **PETERSON, MARILYN**
 STREET ADDRESS **7346 42ND WAY**
 CITY-ST-ZIP **WEST PALM BEACH FL 33404**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Dorothy Boccanfuso

4-5-02

561-841-7347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)