

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49712** (5)

1. Corporation Name

GREATER NORTHERN PALM BEACH CHAPTER #4736 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

Mailing Address

10690 AVENUE OF PGA
PALM BEACH GARDENS FL 33418

10690 AVENUE OF PGA
PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified 07/07/1992	3a. Date of Last Report 03/06/1995
4. FEI Number 52-1758846	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

9. Name and Address of Current Registered Agent

DANIELS, BRUCE J
336 GULFVIEW DR
~~#910~~ #1018
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Bruce J. Daniels* **BRUCE J. DANIELS** **1/26/96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD ADOLPH, JAY <input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	ADOLPH, JAY	1.2 NAME
STREET ADDRESS	10690 AVENUE OF P.G.A.	1.3 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	1.4 CITY-ST-ZIP
TITLE	VPD HOWARD, DOROTHY <input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	HOWARD, DOROTHY	2.2 NAME
STREET ADDRESS	5760 E. PRINCESS PALM CT.	2.3 STREET ADDRESS
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP
TITLE	SD DANIELS, BRUCE J. <input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	DANIELS, BRUCE J.	3.2 NAME
STREET ADDRESS	36 GULFVIEW DR #910	3.3 STREET ADDRESS
CITY-ST-ZIP	N. PALM BEACH FL	3.4 CITY-ST-ZIP
TITLE	TD ELSNER, JOHN <input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME	ELSNER, JOHN	4.2 NAME
STREET ADDRESS	4651 HOLLY DRIVE	4.3 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	4.4 CITY-ST-ZIP
TITLE	D GOBER, DARLENE <input checked="" type="checkbox"/> DELETE	5.1 TITLE
NAME	GOBER, DARLENE	5.2 NAME
STREET ADDRESS	1018 WOODFIELD CIR	5.3 STREET ADDRESS
CITY-ST-ZIP	PALM BCH GARDENS FL	5.4 CITY-ST-ZIP
TITLE	D HELLMUTH, JANET E <input checked="" type="checkbox"/> DELETE	6.1 TITLE
NAME	HELLMUTH, JANET E	6.2 NAME
STREET ADDRESS	11628 LANDING PL.	6.3 STREET ADDRESS
CITY-ST-ZIP	N. PALM BEACH FL 33408	6.4 CITY-ST-ZIP

PD HOWARD, DOROTHY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5760 E. PRINCESS PALM CT DELRAY BEACH, FL 33484
VPD ELSNER, JOHN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4651 HOLLY DR PALM BEACH GDNS, FL 33418
SD ROWE, NANCY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	9481 DAWNRISE ST PALM BEACH GDNS, 33410
TD MCINTOSH, DONALD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5580 TAMBELLANE CIR #335 PALM BEACH GDNS, FL 33418
D DANIELS, BRUCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	336 GULFVIEW DR - #1018 N. PALM BEACH, FL 33408
D ADOLPH, JAY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	10690 Ave of PGA PALM BEACH GDNS, FL 33418

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dorothy Howard*, PRES. **1/26/96** 467-498-7121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)