

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 10690 AVENUE OF PGA PALM BEACH GARDENS FL 33418	Mailing Address 10690 AVENUE OF PGA PALM BEACH GARDENS FL 33418
---	---

3. Date Incorporated or Qualified
07/07/1992

4. FEI Number 52-1758846	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 office 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ELSHER, JOHN J	
STREET ADDRESS	4651 HOLLY DR.	
CITY-ST-ZIP	PALM BEACH GARDEN FL	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WALLS, SHIRLEY	
STREET ADDRESS	41 ROBALO COURT	
CITY-ST-ZIP	N PALM BEACH FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROWE, NANCY	
STREET ADDRESS	9481 DAWNRISE STREET	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MCINTOSH, DONALD	
STREET ADDRESS	5580 TIMBERLAND CIRCLE #335	
CITY-ST-ZIP	NORTH PALM BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DANIELS, BRUCE	
STREET ADDRESS	336 GULFVIEW DRIVE #1018	
CITY-ST-ZIP	NORTH PALM BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ADOLPH, JAY	
STREET ADDRESS	10690 AVENUE J	
CITY-ST-ZIP	PALM BEACH GARDENS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President - PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Charles A. Gianasi, M.D.	
1.3 STREET ADDRESS	340 Australian Circle	
1.4 CITY-ST-ZIP	Lake Park 33403	

2.1 TITLE	Vice President - VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Z. Freeman	
2.3 STREET ADDRESS	439 Date Palm Drive	
2.4 CITY-ST-ZIP	Lake Park 33403	

3.1 TITLE	Secretary - SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nancy C. Rowe	
3.3 STREET ADDRESS	9481 Dawnridge Street	
3.4 CITY-ST-ZIP	Palm Beach Gardens, 33410	

4.1 TITLE	Treasurer - TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Keith Vreeland	
4.3 STREET ADDRESS	14614 Tangelo Blvd	
4.4 CITY-ST-ZIP	West Palm Beach 33463	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:

[Signature]

CR2E037 (10/97)