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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90117 017 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N49712**

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 <b>340 Australian Circle</b>	26 <b>340 Australian Circle</b>	<b>07/07/1992</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 <b>Lake Park FL 33403</b>	27 <b>Lake Park FL 33403</b>	<b>52-1758846</b>
City & State	City & State	Applied For
23	28	<input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
29	30	6. Election Campaign Financing
		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		Trust Fund Contribution

9. Name and Address of Current Registered Agent

**DANIELS, BRUCE J**  
**336 GULFVIEW DR**  
**#910**  
**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
			<b>FL</b>	

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 DANIELS BRUCE J. DATE 1-21-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAINASI, CHARLES A MD</b>	1.2 NAME	<b>Note proper spelling;</b>
STREET ADDRESS	<b>340 AUSTRALIAN CIRCLE</b>	1.3 STREET ADDRESS	<b>GIANASI CHARLES A MD</b>
CITY-ST-ZIP	<b>LAKE PARK FL 33403</b>	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREEMAN, Z</b>	2.2 NAME	
STREET ADDRESS	<b>439 DATE PALM DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PARK FL 33403</b>	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROWE, NANCY</b>	3.2 NAME	<b>SD</b>
STREET ADDRESS	<b>ROWE, NANCY C</b>	3.3 STREET ADDRESS	<b>Forsyth Ethel</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	3.4 CITY-ST-ZIP	<b>Palm Beach Gardens 33403</b>
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VREELAND, KEITH</b>	4.2 NAME	
STREET ADDRESS	<b>14614 TANGELO BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33463</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANIELS, BRUCE</b>	5.2 NAME	
STREET ADDRESS	<b>336 GULFVIEW DRIVE #1018</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADOLPH, JAY</b>	6.2 NAME	
STREET ADDRESS	<b>10690 AVENUE J</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	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, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

1/21/99 561-848-8385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)