


FILE NOW: FILING FEE IS \$61.25

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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 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 21 340 Australian Circle Suite, Apt. #, etc. 22 Lake Park FL 33403 City & State 23 Zip Country 24 25		2a. Mailing Address 26 340 Australian Circle Suite, Apt. #, etc. 27 Lake Park FL 33403 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 07/07/1992 4. FEI Number 52-1758846 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution	
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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 FL 85 Zip Code			
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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 Note proper spelling;		
NAME	GAINASI, CHARLES A MD			1.2 NAME	GIANASI CHARLES A - MD		
STREET ADDRESS	340 AUSTRALIAN CIRCLE			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE PARK FL 33403			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FREEMAN, Z			2.2 NAME			
STREET ADDRESS	439 DATE PALM DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE PARK FL 33403			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition SD		
NAME	ROWE, NANCY			3.2 NAME	Forsyth Ethel		
STREET ADDRESS	ROWE, NANCY C			3.3 STREET ADDRESS	Palm Beach Gardens 33403		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410			3.4 CITY-ST-ZIP	1203 Sun Terrace Court		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VREELAND, KEITH			4.2 NAME			
STREET ADDRESS	14614 TANGELO BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33463			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DANIELS, BRUCE			5.2 NAME			
STREET ADDRESS	336 GULFVIEW DRIVE #1018			5.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH PALM BEACH FL			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADOLPH, JAY			6.2 NAME			
STREET ADDRESS	10690 AVENUE J			6.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL			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

Date: 1/21/99 Daytime Phone #: 561-848-8385

CR2E037 (1/98)