

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 # 19200000079
1. Corporation Name

EAST HERNANDO CHAPTER #4765 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC
30435 PARK RIDGE DRIVE RIDGE MANOR WEST, FL 34602-7537

Principal Place of Business Mailing Address
RIDGE MANOR WEST COMMUNITY CLUB 30435 Park Ridge Drive
RIDGE MANOR WEST, FLORIDA 34602 Ridge Manor West, Fl
34602-7537

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26				<input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ARTHUR H. BOEHLING				81 Name			
30435 PARK RIDGE DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)			
RIDGE MANOR WEST, FLORIDA 34602-7537				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: Arthur H. Boehling DATE: May 18, 1996
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	<input checked="" type="radio"/> P/D <input type="checkbox"/> DELETE			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOEHLING, ARTHUR H.			1.2 NAME			
STREET ADDRESS	30435 PARK RIDGE DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	RIDGE MANOR WEST, FL			1.4 CITY-ST-ZIP			
TITLE	<input checked="" type="radio"/> V/D <input type="checkbox"/> DELETE			2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COX, T. REED			2.2 NAME	V/D COX, T. REED		
STREET ADDRESS	P.O. BOX 820 33593			2.3 STREET ADDRESS	33206 SMALLMAN ST		
CITY-ST-ZIP	TRILBY, FL. 33593-0820			2.4 CITY-ST-ZIP	WEBSTER, FL 33597		
TITLE	<input checked="" type="radio"/> S/D <input type="checkbox"/> DELETE			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALTON, MAZIE			3.2 NAME			
STREET ADDRESS	31204 LANCEWOOD DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	RIDGE MANOR WEST, FL. 34602			3.4 CITY-ST-ZIP			
TITLE	<input checked="" type="radio"/> T/D <input type="checkbox"/> DELETE			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ERBAUGH, RUTH			4.2 NAME			
STREET ADDRESS	6399 SHADYWOOD LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	RIDGE MANOR WEST, FL. 34602			4.4 CITY-ST-ZIP	400001863094		
TITLE	<input checked="" type="radio"/> D <input type="checkbox"/> DELETE			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOEHLING, RUTH E.			5.2 NAME	-06/17/96--01019--089		
STREET ADDRESS	30435 PARK RIDGE DRIVE			5.3 STREET ADDRESS	***61.25		
CITY-ST-ZIP	RIDGE MANOR WEST, FL. 34602-7537			5.4 CITY-ST-ZIP			
TITLE	<input checked="" type="radio"/> D <input type="checkbox"/> DELETE			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEYER, MARGARET			6.2 NAME			
STREET ADDRESS	30440 WILLOWBANK AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	RIDGE MANOR WEST, FL. 34602			6.4 CITY-ST-ZIP			

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: Arthur H. Boehling DATE: May 18, 1996 DAYTIME PHONE #: 352-799-1371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)