

# 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 #** 92000000079  
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		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		Applied For		<input checked="" type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 9. Name and Address of Current Registered Agent

**ARTHUR H. BOEHLING  
30435 PARK RIDGE DRIVE  
RIDGE MANOR WEST, FLORIDA 34602-7537**

## 10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

*May 18, 1996*  
DATE

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	<i>COX, T. REED</i>
STREET ADDRESS	P.O. BOX 820 <i>33593</i>	2.3 STREET ADDRESS	<i>33206 SMALLMAN ST</i>
CITY-ST-ZIP	TRILBY, FL. <i>33593-0820</i>	2.4 CITY-ST-ZIP	<i>WEBSTER FL 33597</i>
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	
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	
STREET ADDRESS	30435 PARK RIDGE DRIVE	5.3 STREET ADDRESS	
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 18, 1996* *352-728-1371*  
Date Daytime Phone #

CR2E037 (12/95)