

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 10 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N93000005242 (3)**

1. Corporation Name

**LAKE MARY CHAPTER #4878 OF AMERICAN ASSOCIATION  
OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

**LAKE MARY SR CENTER  
LAKE MARY FL 32746  
US**

**150 N COUNTRY CLUB RD  
LAKE MARY FL 32746  
US**



3. Date Incorporated or Qualified

**11/19/1993**

4. FEI Number

**94-3161142**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 Lake Mary Community Ctr  
Suite, Apt. #, etc.**

**26 260 N Country Club Rd  
Suite, Apt. #, etc.**

City & State

City & State

**23 Lake Mary, Fla.**

**28 Lake Mary, Fla.**

Zip Country

Zip Country

**24 32746**

**25 USA**

**29 32746**

**30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHNAIER, JULIUS  
325 WIMBLEDON CIRCLE  
HEATHROW FL 32746**

81 Name

**CARMONA, MARGARET**

82 Street Address (P.O. Box Number is Not Acceptable)

**877 Heather Glen Circle**

83

84 City

**Lake Mary,**

**FL**

85 Zip Code

**32746**

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

*Margaret Carmona*

**2/3/98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P  
NAME CARMONA, JAMES  
STREET ADDRESS 877 HEATHER GLEN CIRCLE  
CITY-ST-ZIP LAKE MARY FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**VD  
NAME SCHEIRMAN, JOHN  
STREET ADDRESS 952 BIRD BAY CT #202  
CITY-ST-ZIP LAKE MARY FL**

1.2 NAME ☐ Change ☐ Addition

TITLE ☒ DELETE

**T  
NAME SCHNAIER, JULIUS  
STREET ADDRESS 325 WIMBLEDON CIRCLE  
CITY-ST-ZIP HEATHROW FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☒ DELETE

**S  
NAME CARMONA, MARGARET  
STREET ADDRESS 877 HEATHER GLEN CIRCLE  
CITY-ST-ZIP LAKE MARY FL**

1.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ☐ DELETE

**D  
NAME SMITH, NORMA  
STREET ADDRESS 593 EASST CLUB BLVD  
CITY-ST-ZIP LAKE MARY FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
NAME DRESSER, RUTH  
STREET ADDRESS 7841 SILVERSMITH CIRCLE  
CITY-ST-ZIP LAKE MARY FL**

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

T ☒ Change ☐ Addition

**Carmona, Margaret  
877 Heather Glen Circle  
Lake Mary, Fl.**

S ☒ Change ☐ Addition

**McCreedy, Helen  
951 Bird Bay Court  
Lake Mary Fl**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

*James Carmona Pres*

**2/3/98 407-323-9249**

CR2E037 (10/97)