


7-22-98 B 8079 C  
FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002070 (0)**  
1. Corporation Name

**WINTER SPRINGS CHAPTER #4949 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**



Principal Place of Business <b>WINTER SPR SR CTR 400 N RIDGEMON AVE WINTER SPRINGS FL 32708 US</b>	Mailing Address <b>748 SUNCREST LOOP. #204 CASSELBERRY FL 32707 US</b>
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3. Date Incorporated or Qualified

**04/26/1994**

4. FEI Number

**58-3379864**

Applied For

Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUNDERLAND, JUNE R.  
748 SUNCREST LOOP #4  
CASSELBERRY FL 32707**

81 Name

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

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

*June R. Sunderland*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2-13-98**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SUNDERLAND, JUNE R.</b>	
STREET ADDRESS	<b>748 SUNCREST LOOP #204</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>MAHON, BOB</b>	
STREET ADDRESS	<b>1015 ANTELOPE TRAIL</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>COLLINS, AUCIE</b>	
STREET ADDRESS	<b>630 WESTLAKE CIR</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCOTT, BETTY</b>	
STREET ADDRESS	<b>636 ARTESIA ST</b>	<b>* K. Wilson 146 Springwood Cir. # B. Longwood, FL 32750-5812</b>
CITY-ST-ZIP	<b>OVIEDO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SUMPLE, BETTY</b>	
STREET ADDRESS	<b>395 BRUSHWOOD LANE</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BATTEE, ERNEST</b>	
STREET ADDRESS	<b>640 CHEOY LEE CIR</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>TREASURER</b>
4.3 STREET ADDRESS	<b>KENNEDY WILSON</b>
4.4 CITY-ST-ZIP	<b>146 B SPRINGWOOD CIR LONGWOOD, FL 32750</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D-MEMBERSHIP CHAIR.</b>
5.3 STREET ADDRESS	<b>JANET KAMPHAVS</b>
5.4 CITY-ST-ZIP	<b>697 BEAR CREEK CT. WINTER SPRINGS, FL 32706</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>HEALTH COMMITTEE</b>
6.3 STREET ADDRESS	<b>ERNEST BATTEE</b>
6.4 CITY-ST-ZIP	<b>NAME</b>

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:

*Kennedy Wilson*  
TREASURER

**7-14-98** **339-5563**

CR2E037 (10/97)