

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90278 024 \*\*\*\*61.25

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 # **940000020707 (0)**

1. Corporation Name  
**WINTER SPRINGS CHAPTER 4949 OF  
 AMERICAN ASSOCIATION OF RETIRED  
 PERSONS INC.**

Principal Place of Business <b>1510 CARDINAL ST        LONGWOOD FL 32750</b>	Mailing Address <b>1510 CARDINAL ST        LONGWOOD FL 32750</b>
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3. Date Incorporated or Qualified

**4-26-94**

4. FEI Number

**593379864**

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

**JUNE SUNDERLAND  
 748 SUNCREST LOOP #204  
 CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81 Name **MAYE POHLMAN**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1510 CARDINAL ST.**  
 83 **LONGWOOD**  
 84 City **FL** 85 Zip Code **32750**

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 **Maye Pohlman**

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

(NOTE: Registered Agent signature required when reinstating)

**4-22-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
 NAME **JUNE SUNDERLAND**  
 STREET ADDRESS **748 SUNCREST LOOP 204**  
 CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **VD** ☒ DELETE  
 NAME **BOB MAHON**  
 STREET ADDRESS **1015 ANTELOPE TR**  
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **ALICE COLLINS** ☒ DELETE  
 NAME **ALICE COLLINS**  
 STREET ADDRESS **630 WESTLAKE CR**  
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **TD** ☐ DELETE  
 NAME **KENNEDY WILSON**  
 STREET ADDRESS **1468 SPRINGWOOD CR**  
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **D** ☒ DELETE  
 NAME **ERNEST BATTER**  
 STREET ADDRESS **640 CLEVOY LEO CIRCLE**  
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **PD** ☒ DELETE  
 NAME **EDWARD MILLER**  
 STREET ADDRESS **396 RINGWOOD CR**  
 CITY-ST-ZIP **CASSELBERRY FL 32707**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
 1.2 NAME **MAYE POHLMAN**  
 1.3 STREET ADDRESS **1510 CARDINAL ST**  
 1.4 CITY-ST-ZIP **LONGWOOD FL 32750**

2.1 TITLE **VP** ☒ Change ☐ Addition  
 2.2 NAME **EUGENE ROBELL**  
 2.3 STREET ADDRESS **1003 PEBBLE BEACH CR**  
 2.4 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

3.1 TITLE **SD** ☒ Change ☐ Addition  
 3.2 NAME **ISLA KREINER**  
 3.3 STREET ADDRESS **806 BIG BUCK CR**  
 3.4 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE **PD** ☒ Change ☐ Addition  
 5.2 NAME **ALBERT LANGDON**  
 5.3 STREET ADDRESS **76 MAJICA CR**  
 5.4 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

6.1 TITLE **JANET KAMPHAUS** ☒ Change ☐ Addition  
 6.2 NAME **JANET KAMPHAUS**  
 6.3 STREET ADDRESS **697 BEAN CREEK CR**  
 6.4 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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: **MAYE POHLMAN**  
 Signature and typed or printed name of signing officer or director

**APRIL 22 1999** **407-265-0213**  
 Date Daytime Phone #

CR2E037 (10/97)