

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAR 15 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N94000002446 (2)**

1. Corporation Name

**CAMELOT-SARASOTA CHAPTER #4911 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

5572 STONEHAVEN LANE  
SARASOTA FL 34233

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SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/16/1994

4. FEI Number

Applied For

52-180 9768

Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 5478 Whitehaven Ln  
Suite, Apt. #, etc.

26 5478 Whitehaven Lane  
Suite, Apt. #, etc.

22 Sarasota, FL 34233  
City & State

27 Sarasota, FL 34233  
City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

ALBERT, RICHARD I DR.  
5572 STONEHAVEN LANE  
SARASOTA FL 34233

10. Name and Address of New Registered Agent

B1 Name Joseph Vegh  
B2 Street Address (P.O. Box Number is Not Acceptable) 5478 Whitehaven Lane  
B3  
B4 City Sarasota FL B5 Zip Code 34233

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0805, Florida Statutes.

SIGNATURE

*Joseph B. Vegh*

3-8-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALBERT, RICHARD I DR.
STREET ADDRESS	5572 STONEHAVEN LANE
CITY-ST-ZIP	SARASOTA FL 34233
TITLE	VD
NAME	VEGH, JOSEPH
STREET ADDRESS	5478 WHITEHAVEN LANE
CITY-ST-ZIP	SARASOTA FL 34233
TITLE	SD
NAME	BEAUFAT, BETTY
STREET ADDRESS	6432 REGIS PLACE
CITY-ST-ZIP	SARASOTA FL 34241
TITLE	TD
NAME	WASHOCK, FRANCES
STREET ADDRESS	5435 SUSSEX LANE
CITY-ST-ZIP	SARASOTA FL 34233
TITLE	D
NAME	LAWSON, JEAN
STREET ADDRESS	5620 HALIFAX LANE
CITY-ST-ZIP	SARASOTA FL 34233
TITLE	D
NAME	MARSHALL, FRANK
STREET ADDRESS	5504 HALIFAX DRIVE
CITY-ST-ZIP	SARASOTA FL 34233

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joseph Vegh	2
1.3 STREET ADDRESS	5478 Whitehaven Lane	
1.4 CITY-ST-ZIP	Sarasota, FL 34233	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Henry Schwartz	7
2.3 STREET ADDRESS	5749 Scarborough	
2.4 CITY-ST-ZIP	Sarasota, FL 34241	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dorris Schwartz	
4.3 STREET ADDRESS	5749 Scarborough	
4.4 CITY-ST-ZIP	Sarasota, FL 34241	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Charles Stallings, Jr.	
5.3 STREET ADDRESS	5470 Whitehaven Lane	
5.4 CITY-ST-ZIP	Sarasota, FL 34233	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*Joseph B. Vegh*

3-22-95

9226950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #