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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002446 (2)

1. Corporation Name

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



Principal Place of Business

5478 WHITEHAVEN LN
SARASOTA FL 34233
US

Mailing Address

5478 WHITEHAVEN LANE
SARASOTA FL 34233
US

3. Date Incorporated or Qualified
05/16/1994

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VEGH, JOSEPH
5478 WHITEHAVEN LANE
SARASOTA FL 34233

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

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 VD
NAME SCHWARTZ, HENRY
STREET ADDRESS 5749 SCARBOROUGH
CITY-ST-ZIP SARASOTA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD
NAME VEGH, JOSEPH
STREET ADDRESS 5478 WHITEHAVEN LANE
CITY-ST-ZIP SARASOTA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME BEAUFIT, BETTY
STREET ADDRESS 6432 REGIS PLACE
CITY-ST-ZIP SARASOTA FL 34241

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME SCHWARTZ, DORRIS
STREET ADDRESS 5749 SCARBOROUGH
CITY-ST-ZIP SARASOTA FL

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

TITLE D
NAME STALLINGS, CHARLES JR.
STREET ADDRESS 5470 WHITEHAVEN LANE
CITY-ST-ZIP SARASOTA FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME MARSHALL, FRANK
STREET ADDRESS 5504 HALIFAX DRIVE
CITY-ST-ZIP SARASOTA FL 34233

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Director
Robert K. Hinger
5446 Whitehaven Lane
Sarasota, FL 34233

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the protection of Section 119.07, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)