

**FILE NOW: FILING FEE IS \$61.25**

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

Mailing Address

5478 WHITEHAVEN LN  
SARASOTA FL 34233  
US

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

4. FEI Number  
**52-1809768**

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

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

23 Zip

Country

28 Zip

Country

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

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	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHWARTZ, HENRY</b>	
STREET ADDRESS	<b>5749 SCARBOROUGH</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>VEGH, JOSEPH</b>	
STREET ADDRESS	<b>5478 WHITEHAVEN LANE</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BEAUFIT, BETTY</b>	
STREET ADDRESS	<b>6432 REGIS PLACE</b>	
CITY - ST - ZIP	<b>SARASOTA FL 34241</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHWARTZ, DORRIS</b>	
STREET ADDRESS	<b>5749 SCARBOROUGH</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STALLINGS, CHARLES JR.</b>	
STREET ADDRESS	<b>5470 WHITEHAVEN LANE</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARSHALL, FRANK</b>	
STREET ADDRESS	<b>5504 HALIFAX DRIVE</b>	
CITY - ST - ZIP	<b>SARASOTA FL 34233</b>	

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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 stated protection in Section 119.07(3)(a) 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 #

**4-10-96**

CR2E037 (12/95)