

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000002929**

1. Entity Name

**KINGS POINT/TAMARAC CHAPTER #5054 OF AARP,  
INC.**



Principal Place of Business

**7440 ASHMONT CIRCLE  
C/O LEO KLEIMAN  
TAMARAC FL 33321**

Mailing Address

**7440 ASHMONT CIRCLE  
C/O LEO KLEIMAN  
TAMARAC FL 33321**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

**52-1882783**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BLANCHARD, DAVE ☐ Delete  
STREET ADDRESS 9587 WELDON CIR.  
CITY-ST-ZIP TAMARAC FL 33321

TITLE IVPS  
NAME SINGER, BERNARD ☐ Delete  
STREET ADDRESS 7479 FAIRFAX DRIVE  
CITY-ST-ZIP TAMARAC FL 33321

TITLE S  
NAME BIE, PHYLLIS ☐ Delete  
STREET ADDRESS 7637 TRENT DR.  
CITY-ST-ZIP TAMARAC FL 33321

TITLE DT  
NAME KLEIMAN, LEO ☐ Delete  
STREET ADDRESS 7440 ASHMONT CIRCLE  
CITY-ST-ZIP TAMARAC FL

TITLE D  
NAME SCHOLL, BURT ☐ Delete  
STREET ADDRESS 7632 FAIRFAX DR.  
CITY-ST-ZIP TAMARAC FL 33321

TITLE D  
NAME BECKMAN, NAT ☐ Delete  
STREET ADDRESS 9561 NO. BELFORT CIRCLE  
CITY-ST-ZIP TAMARAC FL 33321

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME 11000000154117  
STREET ADDRESS 02/20/04-80016-022 61.25  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*David B. Blanchard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/04 (954) 226-4027

Date

Daytime Phone #