

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 # **N95000005192 (8)**

1. Corporation Name

BOYNTON LAKES CHAPTER #5112 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

**26 WINCHMORE LANE
LANTANA FL 33462**

Mailing Address

**26 WINCHMORE LANE
LANTANA FL 33462**

3. Date Incorporated or Qualified

11/02/1995

3a. Date of Last Report

NONE

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**NICHOLS, GEORGE W
26 WINCHMORE LANE
LANTANA FL 33462**

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

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

10. Name and Address of New Registered Agent

81 Name

SAME

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **NICHOLS, GEORGE W**
STREET ADDRESS **26 WINCHMORE LANE**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **VPD** ☒ DELETE
NAME **WOLFE, JACK**
STREET ADDRESS **3 FENWICK PLACE**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **SD** ☐ DELETE
NAME **NICHOLS, BETTY A**
STREET ADDRESS **26 WINCHMORE LANE**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **TD** ☐ DELETE
NAME **ROEDING, RICHARD F**
STREET ADDRESS **3 VERWOOD WAY**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **D** ☐ DELETE
NAME **DUNNING, EILEEN A**
STREET ADDRESS **84 MAYFAIR LANE**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **D** ☐ DELETE
NAME **MESERVE, PATRICIA ANN**
STREET ADDRESS **17 FLINT WAY**
CITY-ST-ZIP **LANTANA FL 33462**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VPD**
2.3 STREET ADDRESS **Joyce Oberman**
2.4 CITY-ST-ZIP **4 Walcott Drive**
Lantana, FL 33462

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

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

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Eileen Dunn**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard F. Roeding, TREAS./DIRECTOR 4/2/96 (407) 433-9092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)