

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 30 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morthern</b> 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

Mailing Address

26 WINCHMORE LANE  
LANTANA FL 33462

26 WINCHMORE LANE  
LANTANA FL 33462



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

11/02/1995

4. FEI Number

NOT APPLICABLE

Applied For

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICHOLS, GEORGE W  
26 WINCHMORE LANE  
LANTANA FL 33462

81 Name

Rose Bertoline

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

112 Mayfair Lane

83

Boynton Beach FL

84 City

Boynton Beach FL

FL

85 Zip Code

33462

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 *Rose Bertoline*

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

(NOTE: Registered Agent signature required when re-registering)

4/27/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME OBERMAN, JOYCE  
STREET ADDRESS 4 WALCOTT DR.  
CITY-ST-ZIP LANTANA FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE VPD  
NAME FREW, JACK  
STREET ADDRESS 8 EATON PL  
CITY-ST-ZIP LANTANA FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE SD  
NAME SILVERSTEIN, JEANNE  
STREET ADDRESS 2181 NE 1ST CT  
CITY-ST-ZIP BOYNTON BCH FL

☒ DELETE

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

☒ Change ☐ Addition

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

☒ DELETE

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

☐ Change ☒ Addition

TITLE D  
NAME DUNN, EILEEN  
STREET ADDRESS 84 MAYFAIR LANE  
CITY-ST-ZIP LANTANA FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE D  
NAME NICHOLS, GEORGE  
STREET ADDRESS 26 WINCHMORE LANE  
CITY-ST-ZIP LANTANA FL

☒ DELETE

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

☐ Change ☒ Addition

14. 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 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: *Rose Bertoline*

3/10/98 561-641-3249

CR2E037 (10/97)