

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90045 028 ****61.25

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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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 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

9. Name and Address of Current Registered Agent

BERTOLINE, ROSE
112 MAYFORE LANE
BOYNTON BCH FL 33462

112 MAYFAIR LANE
BOYNTON BEACH, FL
33426

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

4/17/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE S ☐ DELETE
NAME SEDATA, GERRY
STREET ADDRESS MAYFAIR LN
CITY-ST-ZIP BOYNTON BCH FL 33462

TITLE T ☐ DELETE
NAME BERTOLINI, ROSE
STREET ADDRESS 112 MAYFAIR LANE
CITY-ST-ZIP LK WORTH FL 33462

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

TITLE D ☐ DELETE
NAME PYNE, EMMY
STREET ADDRESS 30 PATTON LN
CITY-ST-ZIP LAKE WORTH FL 33462

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME *President*
1.3 STREET ADDRESS *Frank Clapp*
1.4 CITY-ST-ZIP *6 Hammond Place*
Boynton Beach, FL 33426

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME *Anita Elliott*
2.3 STREET ADDRESS *12 Mayfair Lane*
2.4 CITY-ST-ZIP *Boynton Bch FL 33426*

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME *Betty Nichols*
3.3 STREET ADDRESS *26 Winchmore Lane*
3.4 CITY-ST-ZIP *Boynton Bch FL 33426*

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
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 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, with all other like empowered.

SIGNATURE:

Rose Bertoline
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/99

561-641-3249
Daytime Phone #

CR2E037 (1/1/98)