

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

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000005192	
1. Entity Name BOYNTON LAKES CHAPTER #5112 OF AARP, INC.	

Principal Place of Business 26 WINCHMORE LN BOYNTON BEACH FL 33426	Mailing Address ONE BROMPTON LN. BOYNTON BEACH FL 33426
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

	
MOORE	CR2E037 (11/03)
4. FEI Number NO-T APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
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7. Name and Address of New Registered Agent	
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	(NOTE: Registered Agent signature required when reinstalling)	DATE
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
P NICHOLS, BETTY 26 WINCHMORE LN BOYNTON BEACH FL 33426	
VPO BERTOLINE, ROSE 112 MAYFAIR LN BOYNTON BEACH FL 33426	☐ Delete
S SEDTA, GERRY 67 MAYFAIR BOYNTON BEACH FL 33426	☐ Delete
T SADIE, RUGGIERO ONE BROMPTON LN BOYNTON BEACH FL 33426	☐ Delete
D AMELLE, BARBARA 3546 S OCEAN BLVD #503 PALM BEACH FL 33480	☐ Delete
D AMELLE, HUGH 3546 S OCEAN BLVD #503 PALM BEACH FL 33480	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
U000000042402 02/10/04-80022-022 61.25	
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	

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: <u>Sadie Ruggiero</u>	DATE: <u>Feb 26/04</u>	DAYTIME PHONE: <u>561-966-0284</u>
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