

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90442 038 ****61.25

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1. Entity Name

BOYNTON LAKES CHAPTER #5112 OF AARP, INC.



Principal Place of Business

**8 HAMMOND PLACE
BOYNTON BEACH FL 33426**

Mailing Address

**ONE BROMPTON LN.
BOYNTON BEACH FL 33426**

2. Principal Place of Business

26 WINCHMORE LN.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CLAPS, FRANK	
STREET ADDRESS	6 HAMMOND PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ELLIOTT, ANITA	
STREET ADDRESS	13 MAYFAIR LANE	
CITY-ST-ZIP	BOYNTON BCH FL 33426	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEDAITA, GERRY	
STREET ADDRESS	67 MAYFAIR	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	T	<input type="checkbox"/> Delete
NAME	SADIE, RUGGIERO	
STREET ADDRESS	ONE BROMPTON LN	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERTOLINI, ROSE	
STREET ADDRESS	112 MAYFAIR LN	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NICHOLS, GEORGE	
STREET ADDRESS	26 WINCHMORE LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Nichols	
STREET ADDRESS	26 WINCHMORE LN	
CITY-ST-ZIP	Boynton Beach, Florida 33426	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bertolini, Rose	
STREET ADDRESS	112 MAYFAIR LN.	
CITY-ST-ZIP	Boynton Beach, Florida 33426	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMELIE, BARBARA	
STREET ADDRESS	3546 S. OCEAN BLVD #502	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMELIE, Hugh	
STREET ADDRESS	3546 S. OCEAN BLVD #503	
CITY-ST-ZIP	Palm Beach, FL 33480	

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:

Sadie Ruggiero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/03 (617) 966-0284

CR2E037 (10/02)