

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
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90041 034 ****61.25

DOCUMENT # N97000004388

1. Corporation Name

LAKES & HILLS CHAPTER #5199 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

15733 CHARTOR OAK
CLERMONT FL 34711
US

Mailing Address

P.O. BOX 120665
CLERMONT FL 34711
US



2. Principal Place of Business

21 NAZARENE CHURCH

2a. Mailing Address

26 15733 CHARTER OAKS TR

3. Date Incorporated or Qualified

08/01/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

☒ Not Applicable

City & State

23 CLERMONT FLORIDA

City & State

28 CLERMONT FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

24 34711 25 LAKE

Zip

Country

29 34711 30 LAKE

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WATERS, JOSEPH
15733 CHARTER OAKS TR
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name

JOSEPH T. WATERS

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

15733 CHARTER OAKS TRAIL

83

84 City

CLERMONT

FL

85 Zip Code

34711

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WATERS, JOSEPH
STREET ADDRESS 15733 CHARTER OAKS TR
CITY-ST-ZIP CLERMONT FL 34711

TITLE VD ☒ DELETE

NAME LUSK, AMEL
STREET ADDRESS 969 TODD WAY
CITY-ST-ZIP TAVARES FL 32778

TITLE SD ☒ DELETE

NAME AUSMUS, ELAINE
STREET ADDRESS 13147 SUBURBAN TERRACE
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE TD ☒ DELETE

NAME MOSES, MIRIAM
STREET ADDRESS P.O. BOX 387
CITY-ST-ZIP GROVELAND FL 34736

TITLE D ☐ DELETE

NAME LAMPER, LUCY
STREET ADDRESS 261 EDGEWATER DRIVE
CITY-ST-ZIP CLERMONT F: 34712

TITLE D ☐ DELETE

NAME DAVIS, NANCY
STREET ADDRESS 2345 BASIN ST
CITY-ST-ZIP CLERMONT FL 34711

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

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

VD HANK PINETTE ☐ Change ☐ Addition

12723 ERYN BLVD

-CLERMONT FLORIDA 34711-8037

SD EVELYN ALDERMAN ☐ Change ☐ Addition

103 PATRICIA STREET

CLERMONT FLORIDA 34711

TD ELAINE AUSMUS ☐ Change ☐ Addition

13147 SUBURBAN TERRACE

WINTER GARDEN FLORIDA 34787

D GOLDIE STANLEY ☐ Change ☐ Addition

12651 BRUCE HUNT RD

CLERMONT FLORIDA 34711

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99 08521894-5164
Date Daytime Phone #