

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-21-2006 90026 034 ***61.21
N97000004388

DOCUMENT # N97000004388					
1. Entity Name LAKE & HILLS CHAPTER #5199 OF AARP, INC.					
Principal Place of Business CLERMONT RECREATION CTR 466 MINNEOLA ST CLERMONT, FL 34711 US			Mailing Address 3868 EVERSOLT ST. CLERMONT, FL 34711 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PETERSON, CHARLES D 3868 EVERSOLT ST. CLERMONT, FL 34711			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent agreement required when electing)					
Filing Fee is \$81.25 Due by May 1, 2006		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	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PETERSON, CHARLES D		NAME		
STREET ADDRESS	3868 EVERSOLT ST.		STREET ADDRESS		
CITY-STATE-ZIP	CLERMONT, FL 34711		CITY-STATE-ZIP		
TITLE	VP	☐ Delete	TITLE	☒ Change	☐ Addition
NAME	CLARK, MARTHA		NAME		
STREET ADDRESS	4144 KINGSLEY ST		STREET ADDRESS		
CITY-STATE-ZIP	CLERMONT, FL 34711		CITY-STATE-ZIP		
TITLE	SD	☒ Delete	TITLE	☐ Change	☒ Addition
NAME	CAMPBELL, JUNE		NAME	WEAVER, MARGARET	
STREET ADDRESS	102 PATRICIA ST.		STREET ADDRESS	10830 CRESENT LANE	
CITY-STATE-ZIP	MINNEOLA, FL 34715		CITY-STATE-ZIP	CLERMONT, FL 34711	
TITLE	TD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	AUSMUS, ELAINE		NAME		
STREET ADDRESS	13147 SUBURBAN TERRACE		STREET ADDRESS		
CITY-STATE-ZIP	WINTER GARDEN, FL 34787		CITY-STATE-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change	☐ Addition
NAME	LOVEJOY, SHIRLEY		NAME		
STREET ADDRESS	PO BOX 1934		STREET ADDRESS		
CITY-STATE-ZIP	MINNEOLA, FL 34755		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HENDRIX, NANCY		NAME		
STREET ADDRESS	11447 LAKE KATHERINE CIR		STREET ADDRESS		
CITY-STATE-ZIP	CLERMONT, FL 34711		CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Charles D Peterson</i>			2-8-2006 (407) 574-4746		

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