

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90066 031 ****70.00

DOCUMENT # N97000004388 1. Entity Name LAKES & HILLS CHAPTER #5199 OF AARP, INC.			
Principal Place of Business CLERMONT RECREATION CTR 466 MINEOLA ST CLERMONT, FL 34711 US		Mailing Address 2868 EVERSHOLT ST. CLERMONT, FL 34711 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
407-656-4813 Winter Garden FL 34787		400 Fullers Cross Rd Winter Garden FL 34787	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERSON, CHARLES D 3868 EVERSHOLT ST. CLERMONT, FL 34711		7. Name and Address of New Registered Agent Name: Mary Flint Black Street Address (P.O. Box Number is Not Acceptable): 400 Fullers Cross Road City: Winter Garden State: FL Zip Code: 34787	
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: <i>Mary Flint Black</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE: 7-27-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: PETERSON, CHARLES D STREET ADDRESS: 3868 EVERSHOLT ST. CITY-ST-ZIP: CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	TITLE: NAME: Mary Black STREET ADDRESS: 400 Fullers Cross Rd CITY-ST-ZIP: Winter Garden, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>President</i>
TITLE: VP NAME: CLARK, MARTHA STREET ADDRESS: 4144 KINGSLEY ST CITY-ST-ZIP: CLERMONT, FL 34711	<input checked="" type="checkbox"/> Delete	TITLE: NAME: Laura Dexter STREET ADDRESS: 12320 Basin St CITY-ST-ZIP: clermont, FL 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>V.P.</i>
TITLE: SD NAME: WEAVER, MARGARET STREET ADDRESS: 10839 CRESENT LANE CITY-ST-ZIP: CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE: NAME: <i>Pectan</i> STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: AUSMUS, ELAINE STREET ADDRESS: 13147 SUBURBAN TERRACE CITY-ST-ZIP: WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete <i>Passaway</i>	TITLE: NAME: Vera Wilson STREET ADDRESS: 2159 St Ives Ct CITY-ST-ZIP: clermont, FL 34711	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Treasurer</i>
TITLE: D NAME: HENDRIX, NANCY STREET ADDRESS: 11447 LAKE KATHERINE CIR CITY-ST-ZIP: CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Mary Flint Black</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 7-26-07 Daytime Phone #: 407-656-4813	

ATTACHMENT

60053902
N97000004388

Sir!

If this not right

send back to me. I'll

be back in IL - 8-27-07

Thank you

Mary Black Pres. Ch. 5199