

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

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

**400 FULLER CROSS RD
WINTER GARDEN, FL 34787 US**



02132008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLACK, MARY F
400 FULLER CROSS ROAD
WINTER GARDEN, FL 34787**

**DO NOT WRITE
IN THIS SPACE**

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)

U000000841783
03/11/08 2008-000 01.25
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BLACK, MARY
STREET ADDRESS 400 FULLER CROSS RD
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE VP
NAME DEXTER, LAURA
STREET ADDRESS 12320 BASIN ST
CITY-ST-ZIP CLERMONT, FL 34711

TITLE S
NAME WEAVER, MARGARET
STREET ADDRESS 10839 CRESENT LANE
CITY-ST-ZIP CLERMONT, FL 34711

TITLE T
NAME WILSON, VERA
STREET ADDRESS 2159 ST IVES CT
CITY-ST-ZIP CLERMONT, FL 34711

TITLE D
NAME HENDRIX, NANCY
STREET ADDRESS 11447 LAKE KATHERINE CIR
CITY-ST-ZIP CLERMONT, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Vera E. Kirkland Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/08

Date

(352) 241-6380
Daytime Phone #