2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N97000004388

Entity Name: LAKES & HILLS CHAPTER #5199 OF AARP, INC.

Current Principal Place of Business:

CLERMONT RECREATION CTR
466 MINEOLA ST
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

400 FULLER CROSS RD
WINTER GARDEN, FL 34787 US

New Mailing Address:

400 FULLER CROSS ROAD
WINTER GARDEN, FL 34787 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BLACK, MARY
Address: 400 FULLER CROSS RD
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP ( ) Delete
Name: DEXTER, LAURA
Address: 12320 BASIN ST
City-St-Zip: CLERMONT, FL 34711

Title: S ( ) Delete
Name: WEAVER, MARGARET
Address: 10839 CRESENT LANE
City-St-Zip: CLERMONT, FL 37411

Title: T ( ) Delete
Name: WILSON, VERA
Address: 2159 ST IVES CT
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: HENDRIX, NANCY
Address: 11447 LAKE KATHERINE CIR
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERA E. KIRKLAND WILSON TREA 03/03/2009
Electronic Signature of Signing Officer or Director — Date