

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004388

FILED  
Jan 11, 2010  
Secretary of State

**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 ROAD  
WINTER GARDEN, FL 34787 US

**New Mailing Address:**

**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  
Name: BLACK, MARY  
Address: 400 FULLER CROSS RD  
City-St-Zip: WINTER GARDEN, FL 34787

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

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

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

Title: D  
Name: HENDRIX, NANCY  
Address: 12345BASIN STREET  
City-St-Zip: CLERMONT, FL 34715

I hereby 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 all other like empowered.

SIGNATURE: VERA WILSON

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01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date