2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004388

FILED Jan 05, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

CLERMONT RECREATION CTR 466 MINEOLA ST CLERMONT, FL 34711 US

Current Mailing Address: 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: Name and Address of New Registered Agent:

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

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:

Γitle: PD

Name: BLACK, MARY

Address: 400 FULLER CROSS RD City-St-Zip: WINTER GARDEN, FL 34787

Title: VP

Name: WILSON, DORIS

Address: 5506 PRINCE CHARLES LANE City-St-Zip: LEESBURG, FL 34748

Title: S

Name: HENDRIX, NANCY
Address: 12345 BASIN STREET
City-St-Zip: CLERMONT, FL 37415

Title:

 Name:
 WILSON, VERA

 Address:
 2159 ST IVES CT

 City-St-Zip:
 CLERMONT, FL 34711

Title:

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

Title: TREA

 Name:
 WILSON, VERA E

 Address:
 2159 SAINT IVES COURT

 City-St-Zip:
 CLERMONT, FL 34711

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 E. WILSON T 01/05/2012