2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2021
Secretary of State
8379633550CC

DOCUMENT# 727547

Entity Name: SATELLITE BEACH CHAPTER #1413 OF AARP, INC.

Current Principal Place of Business:

INDIAN HBC BCH RECREATION CTR
1233 YACHT CLUB BLVD
INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address:

390 LEE AVE
SATELLITE BEACH, FL 32937 US

FEI Number: 23-7307662

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, BRUCE E
390 LEE AVE
SATELLITE BEACH, FL 32937 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: BRUCE E WILLIAMS 03/18/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	S
Name	PRICE, ELLEN
Address	3237 WILEY AVE
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	BARANOSKI, EDWARD
Address	1211 E. NEW HAVEN AVE APT 802
City-State-Zip:	MELBOURNE FL 32901

Title	PRESIDENT
Name	GEE, KEITH
Address	420 WICKHAM LAKES DR
City-State-Zip:	MELBOURNE FL 32940

Title	TREASURER
Name	WILLIAMS, BRUCE
Address	390 LEE AVE
City-State-Zip:	SATELLITE BEACH FL 32937

Title	DIRECTOR
Name	OVERTON, GREGGORY
Address	6525 3RD ST SUITE208
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	BRANAGAN, JOANNE
Address	216 ADAMS AVE
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	DIRECTOR
Name	VIGLIOTTI, JUDY
Address	434 SANDPIPER DR
City-State-Zip:	SATELLITE BEACH FL 32937

Title	VP
Name	VERRUSO, NINA
Address	121 SE 3RD STREET
City-State-Zip:	SATELLITE BEACH FL 32937

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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: BRUCE E WILLIAMS TREASURER 03/18/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SCHIRER, TOM
Address	3385 FLORAL PALM BLVD
City-State-Zip:	MELBOURNE FL 32901

Title	DIRECTOR
Name	TRIESTE, JOHN
Address	7853 LOREN COVE DR.
City-State-Zip:	MELBOURNE FL 32940

Title	DIRECTOR
Name	KOECHLEIN, PHIL
Address	973 DEL MAR CIR
City-State-Zip:	WEST MELBOURNE FL 32904