2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2014
Secretary of State
CC4824490870

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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:

1001 W EAU GALLIE BLVD
UNIT 104
MELBOURNE, FL 32935 US

FEI Number: 23-7307662

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EDWARDS, NORMA E
1001 W EAU GALLIE BLVD
UNIT 104
MELBOURNE, FL 32935 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

Officer/Director Detail :

Title	P
Name	MARK, JEFFREY
Address	941 LAUREL CIRCLE
City-State-Zip:	SEBASTIAN FL 32976

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

Title	1ST VP
Name	WOEHLER, MONSIE
Address	3533 LONG LEAF DR
City-State-Zip:	MELBOURNE FL 32940

Title	D
Name	BOVA, JUDY
Address	125 HARRIS BLVD
City-State-Zip:	INDIALANTIC FL 32903

Title	T
Name	EDWARDS, NORMA E
Address	1001 W EAU GALLIE BLVD-UNIT 104
City-State-Zip:	MELBOURNE FL 32935

Title	D
Name	CAVALIERE, ROSE
Address	1244 WHITE OAK CIRCLE
City-State-Zip:	MELBOURNE FL 32934

Title	CO- TREASURER
Name	LOCKE, TERRY
Address	330 HAMLIN AVE
City-State-Zip:	SATELLITE BEACH, FL FL 32937

Title	D
Name	STOCKHILL, CHARLIE
Address	500 LEE AVE
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: TERRY LOCKE CO TREASURER 01/18/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

Title	D
Name	SUAREZ, CONNIE
Address	488 GRANT AVE
City-State-Zip:	SATELLITE BEACH FL 32937