

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

04/25/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title S
Name PRICE, ELLEN
Address 3237 WILEY AVE
City-State-Zip: MELBOURNE FL 32901Title DIRECTOR
Name BARANOSKI, EDWARD
Address 1211 E. NEW HAVEN AVE
APT 802
City-State-Zip: MELBOURNE FL 32901Title PRESIDENT
Name GEE, KEITH
Address 420 WICKHAM LAKES DR
City-State-Zip: MELBOURNE FL 32940Title TREASURER
Name WILLIAMS, BRUCE
Address 390 LEE AVE
City-State-Zip: SATELLITE BEACH FL 32937Title DIRECTOR
Name OVERTON, GREGGORY
Address 6525 3RD ST
SUITE208
City-State-Zip: ROCKLEDGE FL 32955Title DIRECTOR
Name BRANAGAN, JOANNE
Address 216 ADAMS AVE
City-State-Zip: CAPE CANAVERAL FL 32920Title DIRECTOR
Name VIGLIOTTI, JUDY
Address 434 SANDPIPER DR
City-State-Zip: SATELLITE BEACH FL 32937Title VP
Name VERRUSO, NINA
Address 121 SE 3RD STREET
City-State-Zip: SATELLITE BEACH FL 32937**Continues on page 2**

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

04/25/2022

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