

2024 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

04/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	BARANOSKI, EDWARD
Address	1211 E. NEW HAVEN AVE APT 802
City-State-Zip:	MELBOURNE FL 32901
Title	TREASURER
Name	WILLIAMS, BRUCE
Address	390 LEE AVE
City-State-Zip:	SATELLITE BEACH FL 32937
Title	DIRECTOR
Name	SULLIVAN, GAIL
Address	270 BELGIAN DR
City-State-Zip:	WEST MELBOURNE FL 32904
Title	DIRECTOR
Name	WALKER, AMANDA
Address	1151 SANDDUNE LN 203
City-State-Zip:	MELBOURNE FL 32935

Title	DIRECTOR
Name	VIGLIOTTI, JUDY
Address	434 SANDPIPER DR
City-State-Zip:	SATELLITE BEACH FL 32937
Title	SECRETARY
Name	KOECHLEIN, PHIL
Address	973 DEL MAR CIR
City-State-Zip:	WEST MELBOURNE FL 32904
Title	VP
Name	MCDAVIE, EDDA LORINE
Address	95 ANCHOR DR
City-State-Zip:	INDIAN HARBOUR BEACH FL 32937

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

04/05/2024

Electronic Signature of Signing Officer/Director Detail

Date