

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748040

**Entity Name:** PLANTATION CHAPTER #3173 OF AARP, INC.**Current Principal Place of Business:**6500 CYPRESS RD. #412  
PLANTATION, FL 33317**Current Mailing Address:**6500 CYPRESS RD.  
#412  
PLANTATION, FL 33317**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLEITMAN, GLORIA  
6500 CYPRESS RD.  
#412  
PLANTATION, FL 33317 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           | VP                  |
| Name            | GRAHAM, JANET       |
| Address         | 231 N. W. 65TH AVE  |
| City-State-Zip: | PLANTATION FL 33317 |

|                 |                            |
|-----------------|----------------------------|
| Title           | TREASURER                  |
| Name            | COOPER, , MARJORIE         |
| Address         | 408 N. W. 68TH AVE<br>#511 |
| City-State-Zip: | PLANTATION FL 33317        |

|                 |                     |
|-----------------|---------------------|
| Title           | SECRETARY           |
| Name            | OZELAS, BETTY       |
| Address         | 1411 N. W. 85TH WAY |
| City-State-Zip: | PLANTATION FL 33322 |

|                 |                       |
|-----------------|-----------------------|
| Title           | PRES                  |
| Name            | FLEITMAN, GLORIA      |
| Address         | 6500 CYPRESS RD. #412 |
| City-State-Zip: | PLANTATION FL 33317   |

*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:** COOPER, MARJORIE

TREASURER

01/30/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date