

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N27624

**Entity Name:** RETIRED OFFICERS' CORPORATION

**Current Principal Place of Business:**

1010 AMERICAN EAGLE BLVD  
#301  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

1010 AMERICAN EAGLE BLVD  
#301  
SUN CITY CENTER, FL 33573 US

**FEI Number:** 59-2910014

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RETIRED OFFICERS' CORPORATION  
1010 AMERICAN EAGLE BLVD.  
APT. 301  
SUN CITY CENTER, FL 33573 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:** CORENA M FRISTAD

05/09/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, CEO  
Name CHAMBERS, LARRY  
Address 1010 AMERICAN EAGLE BLVD  
APT. 633  
City-State-Zip: SUN CITY CENTER FL 33573

Title SECRETARY  
Name TURPIN, SHEILA  
Address 1010 AMERICAN EAGLE BLVD  
APT. 149  
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR  
Name STOUT, WAYNE  
Address 809 FREEDOM PLAZA CIRCLE  
APT. 305  
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR  
Name BLACKSHIRE, BENNY  
Address 817 FREEDOM PLAZA CIRCLE  
APT. 307  
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR  
Name HARTMAN, MEL  
Address 819 FREEDOM PLAZA CIRCLE  
APT. 202  
City-State-Zip: SUN CITY CENTER FL 33573

Title VC  
Name TURNER, HARVEY  
Address 809 FREEDOM PLAZA CIRCLE  
APT. 302 SUN CITY CENTER  
City-State-Zip: FL FL 33573

Title PRESIDENT, COO  
Name FRISTAD, CORENA M  
Address 13608 ARTESA BELL DR.  
City-State-Zip: RIVERVIEW FL 33579

Title TREASURER  
Name BRADY, DENNIS  
Address 1010 AMERICAN EAGLE BLVD.  
APT. 615  
City-State-Zip: SUN CITY CENTER FL 33573

**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:** CORENA FRISTAD

PRESIDENT/COO

05/09/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 STEFENELLI, MARK  
Address            1010 AMERICAN EAGLE BLVD.  
                      APT. 336  
City-State-Zip:    SUN CITY CENTER FL 33573

Title                   DIRECTOR  
Name                 GAUSSIRAN, BEVERLY  
Address            811 FREEDOM PLAZA CIRCLE  
                      APT. 306  
City-State-Zip:    SUN CITY CENTER FL 33573