

**2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N97000004388

**Entity Name:** LAKES & HILLS CHAPTER #5199 OF AARP, INC.**Current Principal Place of Business:**CLERMONT RECREATION CTR  
466 MINEOLA ST  
CLERMONT, FL 34711**Current Mailing Address:**400 FULLER CROSS ROAD  
WINTER GARDEN, FL 34787 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLACK, MARY F PRESIDENT  
400 FULLER CROSS ROAD  
WINTER GARDEN, FL 34787 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:** MARY F. BLACK**10/26/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	BLACK, MARY
Address	400 FULLER CROSS RD
City-State-Zip:	WINTER GARDEN FL 34787

Title	VP
Name	WILSON, DORIS
Address	5506 PRINCE CHARLES LANE
City-State-Zip:	LEESBURG FL 34748

Title	S
Name	HENDRIX, NANCY
Address	12345 BASIN STREET
City-State-Zip:	CLERMONT FL 37415

Title	T
Name	WILSON, VERA
Address	2159 ST IVES CT
City-State-Zip:	CLERMONT FL 34711

Title	D
Name	HENDRIX, NANCY
Address	12345BASIN STREET
City-State-Zip:	CLERMONT FL 34715

Title	TREA
Name	WILSON, VERA E
Address	2159 SAINT IVES COURT
City-State-Zip:	CLERMONT FL 34711

*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:** VERA E. KIRKLAND WILSON**TREASURER****10/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date