

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712218 (7)

1. Corporation Name

**UNIVERSITY OF PENNSYLVANIA ALUMNI ASSOCIATION OF
THE FLORIDA GOLD COAST, INC.**

Principal Place of Business

Mailing Address

**7141 DUBONNET DRIVE
BOCA RATON FL 33433-7479**

**7141 DUBONNET DRIVE
BOCA RATON FL 33433-7479**



3. Date Incorporated or Qualified
02/07/1967

3a. Date of Last Report
10/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABRAMS, MORTON
7141 DUBONNET DRIVE
BOCA RATON FL 33433-7479**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Morton Abrams

Morton Abrams

2/7/96

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **COLE, SUSAN**
STREET ADDRESS **2364 MAYA PALM DR E**
CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **TOLL, ELIZABETH**
STREET ADDRESS **4100 N 41 COURT**
CITY-ST-ZIP **HOLLYWOOD FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **HIRSCH, STUART**
STREET ADDRESS **7511 BRIGANTINE LANE**
CITY-ST-ZIP **PARKLAND FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **MERAN, HARRY**
STREET ADDRESS **2650 NW 46 STREET**
CITY-ST-ZIP **BOCA RATON FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VPT** ☐ DELETE
NAME **FEINBERG, ALAN L.**
STREET ADDRESS **798 SW 15 AVE**
CITY-ST-ZIP **BOCA RATON FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 2-9-96

Date

Daytime Phone #

CR2E037 (12/95)