

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **712218** (7)

1. Corporation Name

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



Principal Place of Business 7141 DUBONNET DRIVE BOCA RATON FL 33433-7479 2650 NW 46th ST BOCA RATON, FL 33434	Mailing Address 7141 DUBONNET DRIVE BOCA RATON FL 33433-7479 2650 NW 46th ST BOCA RATON, FL 33434
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/07/1967	3a. Date of Last Report 02/14/1996
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable ☒
23. City & State	28. City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent ABRAMS, MORTON 7141 DUBONNET DRIVE BOCA RATON FL 33433-7479		10. Name and Address of New Registered Agent HARRY B. MERAN 2650 NW 46th ST BOCA RATON FL 33434	

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 HARRY B. MERAN 7/25/97 Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) DATE	81. Name HARRY B. MERAN	82. Street Address (P.O. Box Number is Not Acceptable) 2650 NW 46th ST	83.	84. City BOCA RATON	85. Zip Code FL 33434
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12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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TITLE NAME STREET ADDRESS CITY-ST-ZIP D COLE, SUSAN 2364 MAYA PALM DR E BOCA RATON FL	☒ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP V.P.S.D COHEN, DAN 2480 NW 41 STREET BOCA RATON, FL	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D TON, ELIZABETH 4100 NW 51 COURT HOLLYWOOD FL	☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD HIRSCH, STUART 7511 BRIGANTINE LANE PARKLAND FL	☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP AD-PD MERAN, HARRY 2650 NW 46 STREET BOCA RATON FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPT FEINBERG, ALAN L. 798 SW 15 AVE BOCA RATON FL	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED
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CR2E037 (4/97)