

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 08:00 AM
Secretary of State

DOCUMENT #712218	
1. Entity Name UNIVERSITY OF PENNSYLVANIA ALUMNI ASSOCIATION OF THE FLORIDA GOLD COAST, INC.	

Principal Place of Business 4740 S OCEAN BLVD APT 1416 HIGHLAND BEACH, FL 33487 US	Mailing Address 4740 S OCEAN BLVD APT 1416 HIGHLAND BEACH, FL 33487 US
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DO NOT WRITE IN THIS SPACE

08182004 No Chg-NP CR2E037 (10/03)

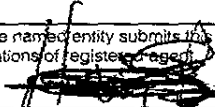
4. FEI Number 65-0803602	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent MERAN, HARRY B 4740 S OCEAN BLVD APT 1416 HIGHLAND BEACH, FL 33487
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reissuing) DATE: _____

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U00000170352
08/18/04-80002-023 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEUERMAN, MICHAEL J 18664 OCEAN MIST DR BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEINMAN, MORRIS L 13850 VIA TIVOLI DELRAY BEACH, FL 333446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MERAN, HARRY B 4740 S OCEAN BLVD HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIS, MICHAEL 6932 QUEEN FERRY CIR BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MERAN, LINDA 4740 S OCEAN BLVD HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAY, LYNN 3420 WINDSOR PLACE BOCA RATON, FL 33498

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Harry B Meran, Treasurer 8/18/04 561-393-2077