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	Mailing Address
4740 S OCEAN BLVD APT 1416 HIGHLAND BEACH, FL 33487 US	4740 S OCEAN BLVD APT 1416 HIGHLAND BEACH, FL 33487 US

DO NOT WRITE IN THIS SPACE

08182004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0803602
☐ Applied For
☐ Not Applicable

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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

SIGNATURE: Harry B Meran Treasurer 8/16/04 561-393-2077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #