

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90049 049 ****61.25

DOCUMENT # 712218 1. Entity Name UNIVERSITY OF PENNSYLVANIA ALUMNI ASSOCIATION OF THE FLORIDA GOLD COAST, INC.					
Principal Place of Business C/O HARRY B MERAN 6621 NW 24TH AVENUE BOCA RATON, FL 33496 US			Mailing Address C/O HARRY B MERAN 6621 NW 24TH AVENUE BOCA RATON, FL 33496 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0803602	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MERAN, HARRY-B 6621 NW 24TH AVENUE BOCA RATON, FL 33496			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP		☐ Delete		
NAME	FEUERMAN, MICHAEL J		☐ Change ☐ Addition		
STREET ADDRESS	18684 OCEAN MIST DR		TITLE		
CITY-ST-ZIP	BOCA RATON, FL 33498		NAME		
TITLE	VP		☐ Change ☐ Addition		
NAME	CESAROTTI, JOSEPH JR		STREET ADDRESS		
STREET ADDRESS	5001 S. UNIVERSITY DR-STE E		CITY-ST-ZIP		
CITY-ST-ZIP	DAVIE, FL 33328		TITLE		
TITLE	T		☐ Change ☐ Addition		
NAME	MERAN, HARRY B		NAME		
STREET ADDRESS	6621 NW 24TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	P		☐ Change ☐ Addition		
NAME	MOFFIT, ELIZABETH		NAME		
STREET ADDRESS	350 EAST LAS OLAS BLVD-STE 1200		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	VP		☐ Change ☐ Addition		
NAME	MERAN, LINDA		NAME		
STREET ADDRESS	6621 NW 24TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	VP		☐ Change ☐ Addition		
NAME	KAY, LYNN		NAME		
STREET ADDRESS	3420 WINDSOR PLACE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Harry B Meran, Treasurer</u> <u>HARRY B MERAN</u> , 1/16/08, 561-445-2141					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					