


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N51072 1. Entity Name HOLMWOOD PAST STUDENT ASSOCIATION, SOUTH FLORIDA CHAPTER, INC.	
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Principal Place of Business 8003 SW 6TH ST N LAUDERDALE, FL 33068 US	Mailing Address P.O. BOX 100425 FT. LAUDERDALE, FL 33310 US
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DO NOT WRITE IN THIS SPACE



02122904 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0421944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PINKNEY, YVONNE T 17521 NE 1ST COURT N MIAMI BCH, FL 33162	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000086622 03/12/04-80030-016 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALRIO, HAMLIN 8003 SW 6TH ST NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORINE, THOMAS 3312 GARNET ROAD MIRAMR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COORE, SONIA 2744 NW 47 LANE LAUDERDALE LKS, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SA CLARKE-DAVIS, DAWN 5932 NW 16 STREET LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOLOMON, RONALD 9860 DUNHILL DRIVE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BINNS, GEORGE 9751 SW 14 STREET PEMBROKE PINES, FL 33025

**DO NOT WRITE
IN THIS SPACE**

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: *Dalrio* **3-10-04** 954-240-9141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Digits Only #