

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005376

FILED
Apr 24, 2009
Secretary of State

Entity Name: EXCELSIOR ALUMNI ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

20401 NW 2ND AVENUE
SUITE 300
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

20401 NW 2ND AVENUE
SUITE 300
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-0701381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, MARION
9454 SW 146TH AVENUE
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LINDO, CORNELDO
Address: 1221 S.W. 84TH TERR
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VP () Delete
Name: ROBINSON, ALTHEA
Address: 1990 SW 94 THE TERR
City-St-Zip: MIRAMAR, FL 33025

Title: S () Delete
Name: PITTER, JUDITH
Address: 3829 EAST LAKE TERR
City-St-Zip: MIRAMAR, FL 33023

Title: T () Delete
Name: CAMPBELL, DOREEN
Address: 8361 N.W. 45TH STREET
City-St-Zip: LAUDERHILL, FL 33351

Title: D () Delete
Name: HOWE, OWEN
Address: 3390 FOXCROFT ROAD. APT# 111
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: AITCHESON, MICHAEL
Address: 131 SAN REMO BLVD
City-St-Zip: NORTH LAUDERDALE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORNEOD LINDO

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date