

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51072

FILED
Feb 07, 2017
Secretary of State
CC7362530617

Entity Name: HOLMWOD PAST STUDENT ASSOCIATION, SOUTH FLORIDA CHAPTER, INC.

Current Principal Place of Business:

6678 CONCH CT
BOYNTON BEACH, FL 33437

Current Mailing Address:

4620 W. COMMERCIAL BLVD,
SUITE 8
TAMARAC, FL 33319 US

FEI Number: 65-0421944

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HIGGINS, MERLINE
4620 W. COMMERCIAL BLVD
SUITE 8
TAMARAC, FL 33319 US

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: MERLINE HIGGINS

02/07/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HIGGINS, MERLINE
Address 4620 W. COMMERCIAL BLVD.
 SUITE 8
City-State-Zip: TAMARAC FL 33319

Title VP
Name DAVEY, PAUL
Address 16539 NW 16TH STREET
City-State-Zip: PEMBROKE PINES FL 33028

Title 2 ND VP
Name WALLACE-MITCHENERR, VERONICA
Address 6678 CONCH CT
City-State-Zip: BOYNTON BEACH FL 33437

Title SECRETARY
Name THOMAS, MORINE
Address P.O. BOX 245944
City-State-Zip: PEMBROKE PINES FL 33024

Title ASST. SECRETARY
Name BRANSFIELD, CAROLYN
Address 10061 NW 5TH STREET
City-State-Zip: PLANTATION FL 33322

Title TREASURER
Name PINKNEY, YVONNE
Address 17521 NE 1ST CT.
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title ASST. TREASURER
Name MALCOLM, GLENOVAN
Address 2760 SW 115 AVE
 APT.206
City-State-Zip: MIRAMAR FL 33025

I hereby 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 all other like empowered.

SIGNATURE: MERLINE HIGGINS

PRESIDENT

02/07/2017

Electronic Signature of Signing Officer/Director Detail

Date