

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005376

Entity Name: EXCELSIOR ALUMNI ASSOCIATION OF FLORIDA, INC.**Current Principal Place of Business:**9675 NW 26TH PL
VILLA #5
SUNRISE, FL 33322**Current Mailing Address:**P.O. BOX 841005
PEMBROKE PINES, FL 33084 US**FEI Number: 65-0701381****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBINSON, ALTHEA
10351 WEST HIGHWAY 316
REDDICK, FL 32686 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	FIDLER, MAUREEN
Address	11440 SW 18 COURT
City-State-Zip:	MIRAMAR FL 33029

Title	P
Name	YOUNG, JASMINE
Address	2243 SW 87 TERRACE
City-State-Zip:	MIRAMAR FL 33025

Title	S
Name	MCKENZIE, KAREN
Address	19710 NW 52ND PLACE
City-State-Zip:	MIAMI GARDENS FL 33055

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

Title	VP
Name	LEVY, SHERNETTE
Address	9859 NW 27TH COURT
City-State-Zip:	PLANTATION FL 33324

Title	D
Name	BYFIELD, DEBRA
Address	9675 NW 26 PLACE - VILLA 5
City-State-Zip:	SUNRISE FL 33322

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: DOREEN CAMPBELL**TREASURER****01/22/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date