SECOND NOTICE CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 712218

UNIVERSITY OF PENNSYLVANIA ALUMNI ASSOCIATION OF THE ELORIDA GOLD COAST, INC.

THE FEMILIA GOED COUNTY INC.									
Principal Plac	ce of Business	Mailing Address	Mailing Address			- E 100))) (COOL (1916) 1010 1600) (1901 101) 01011 01011 01011 01011 01011 01011 01011 01011 01011 01011			
2650 N.W. 46TH S TR EET BOCA RATON FL \$3 434 US		2650 N.W. 46TH STREET BOCA RATON FL 33434 US			3. Date Incorporated or Quelified 02/07/1967 4. FEI Number 65-0803602 Applied For				
						4. FEI Number 65-080360 Applied For Not Applicable			
	Place of Business	2a. Malling Address				5. Certificate of Status Desired \$8.75 Additional			
21 Suite, Apt.	#. etc.	Sulte, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be			
22		27				Trust Fund Contribution Added to Fees			
City & Stat	te	City & State				7. Is this nonprofit corporation a homeowners association?			
23		28				Yes No			
Zip	Country 25	Zip 29	Cour	ntry		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No			
24	9. Name and Address of Currer		30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
ar value and values of ouristic to person Agent				81	Name				
MERAN, HARRY B				82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
2650 NW			83						
BUCA RA	TON FL 33434		ļ	Ц					
	·			84	City	FL 85 Zip Code			
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.									
SIGNATURE									
	Signature, typed or printed name of registered ager			d Age	ent signature require				
12.	PD OFFICERS AF	ID DIRECTORS	13.	ı F		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	MBRAN, HARRY B	DELETE	1,2 NA			Change Addition			
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33434		1.4 CIT	Y-ST-Z	ZIP				
TITLE	VPD	DELETE	2.1 TITI	LE		· Change Addition			
NAME	WEINMAN, MORRIS L		2.2 NAI	ME					
STREET ADDRESS	10000 0101111 - 100101 01010		2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33428	2.4 CITY-ST-			ZIP				
TITLE	VSD	DELETE	1			Change Addition			
NAME	COHEN, DAN N		3.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE	BOCA RATON FL 33431		3.4 CIT		ZIP				
NAME	TD	DELETE	4.2 NA			Change Addition			
STREET ADDRESS	FEINBERG, ALAN L				ADDRESS				
	798 S,W, 15TH AVENUE BOCA RATON FL 33488		4.4 CIT						
CITY-ST-ZIP TITLE	D	Document	5.1 TITI		<u> </u>	Dohang Dagger			
NAME	ABRAMS, MORT	DELETE	5.2 NAI		}	Change Addition			
					ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33433		5.4 CIT						
TITLE		DELETE	6.1 TITLE			Change Addition			
NAME	better		6.2 NAM		1	Change Audilion			
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	4		6.4 CIT						
24 15	1	41.1- 6/6 d	3.7011	. 5,-2		440.07(0)(1)			

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 annual report or supplemental annual 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 torporation or the receiver or trueture to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on/an attachment with an address.

FILED

Oct 01 1998 8:00am8

Secretary of State