

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90026 021 \*\*\*\*61.25

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**DOCUMENT # 712218**

1. Corporation Name

**UNIVERSITY OF PENNSYLVANIA ALUMNI ASSOCIATION OF  
THE FLORIDA GOLD COAST, INC.**

Principal Place of Business

2650 N.W. 46TH STREET  
BOCA RATON FL 33434  
US

Mailing Address

2650 N.W. 46TH STREET  
BOCA RATON FL 33434  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/07/1967

4. FEI Number

65-0803602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**MERAN, HARRY B  
2650 NW 46TH ST  
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD  
MERAN, HARRY B**  
STREET ADDRESS **2650 N.W. 48TH STREET**  
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ DELETE

NAME **VPD  
WEINMAN, MORRIS L**  
STREET ADDRESS **10696 SANTA LAGUNA DRIVE**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ DELETE

NAME **VSD  
COHEN, DAN N**  
STREET ADDRESS **2480 N.W. 41ST STREET**  
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ DELETE

NAME **TD  
FEINBERG, ALAN L**  
STREET ADDRESS **798 S.W. 15TH AVENUE**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ DELETE

NAME **D  
ABRAMS, MORT**  
STREET ADDRESS **7141 DUBONNET DRIVE**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

3/25/99 561-640-5974

Date

Daytime Phone #

CR2E037 (11/98)