

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 712218

1. Entity Name
UNIVERSITY OF PENNSYLVANIA ALUMNI ASSOCIATION
OF THE FLORIDA GOLD COAST, INC.



Principal Place of Business
4740 S OCEAN BLVD
APT 1416
HIGHLAND BEACH, FL 33487 US

Mailing Address
4740 S OCEAN BLVD
APT 1416
HIGHLAND BEACH, FL 33487 US

FILED
Jan 07, 2005 08:00 AM
Secretary of State



01052005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0803602

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERAN, HARRY B
4740 S OCEAN BLVD
APT 1416
HIGHLAND BEACH, FL 33487

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FEUERMAN, MICHAEL J
18664 OCEAN MIST DR
BOCA RATON, FL 33498

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WEINMAN, MORRIS L
13850 VIA TIVOLI
DELRAY BEACH, FL 333446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MERAN, HARRY B
4740 S OCEAN BLVD
HIGHLAND BEACH, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LEWIS, MICHAEL
6932 QUEEN FERRY CIR
BOCA RATON, FL 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MERAN, LINDA
4740 S OCEAN BLVD
HIGHLAND BEACH, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KAY, LYNN
3420 WINDSOR PLACE
BOCA RATON, FL 33498

U000000174435
01/10/05-80010-007 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Harry B Meran HARRY B Meran, Treasurer 1/5/05 561-393-2077