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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

DOCUMENT # **714341**

1. Corporation Name
**FLORIDA ATLANTIC UNIVERSITY ALUMNI ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| FLORIDA ATLANTIC UNIV.<br>777 GLADES ROAD<br>BOCA RATON FL 33431<br>US | FLORIDA ATLANTIC UNIV.<br>777 GLADES ROAD<br>BOCA RATON FL 33431<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>03/28/1975 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-0917284 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

BREMAN, PATRICIA
777 GLADES RD
FLORIDA ATLANTIC UNIVERSITY
BOCA RATON FL 33431

**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 Patricia P. Breman 3/25/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>KASSOVER, CHRISTINE<br>1180 SW 15TH ST<br>BOCA RATON FL 33486 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>AUSTER, DARREN<br>9373 FOX TROT LN<br>BOCA RATON FL 33496 | XX DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | XX Change ☐ Addition<br>VD<br>Harry Mertz<br>1 Las Olas Cir,Apt 613<br>Fort Lauderdale, FL 33316 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>SCHLEU, VIVIENNE<br>1179 SW 21ST ST<br>BOCA RATON FL 33486 | XX DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | XX Change ☐ Addition<br>VD<br>Richard Lopez<br>34 S. Lakeshore Dr<br>Hypoluxo, FL 33462 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ORTEGA, KIRK<br>5851 HOLMBERG RE APT 1224<br>PARKLAND FL 33067 | XX DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | XX Change ☐ Addition<br>TD<br>Debra Darby<br>465 NE 6th St<br>Boca Raton, FL 33432 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | XX Change ☐ Addition<br>SD<br>Carole Kay<br>1002 Island Manor Dr<br>West Palm Beach, FL 33414 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Patricia P. Breman **SIGNATURE REQUIRED** Patricia Breman 1/11/99 561-297-2190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)