

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714341

FILED
Feb 18, 2004
Secretary of State**Entity Name:** FLORIDA ATLANTIC UNIVERSITY ALUMNI ASSOCIATION, INC.**Current Principal Place of Business:**FLORIDA ATLANTIC UNIV.
777 GLADES ROAD
BOCA RATON, FL 33431 US**New Principal Place of Business:****Current Mailing Address:**FLORIDA ATLANTIC UNIV.
777 GLADES ROAD
BOCA RATON, FL 33431 US**New Mailing Address:****FEI Number:** 59-0917284**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BREMAN, PATRICIA
777 GLADES RD
FLORIDA ATLANTIC UNIVERSITY
BOCA RATON, FL 33431 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: CLARKE, SEAN
Address: 3817 TURTLE RUN BLVD. APT. 2722
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VD () Delete
Name: WORKMAN, THOMAS
Address: 2870 NW 23RD. COURT
City-St-Zip: BOCA RATON, FL 33431

Title: PD () Delete
Name: GROSSMAN, ARMAND
Address: 2100 SPANISH RIVER ROAD
City-St-Zip: BOCA RATON, FL 33432

Title: TD () Delete
Name: VALDIVIESO, ROLAND
Address: 1460 THE POINTE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SD () Delete
Name: HANSEN, NAOMI
Address: 6109 NW 53RD. CIRCLE
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: WORKMAN, THOMAS
Address: 2870 NW 23RD COURT
City-St-Zip: BOCA RATON, FL 33431

Title: VD (X) Change () Addition
Name: POLLER, NEALE
Address: 3003 OAKTREE LANE
City-St-Zip: HOLLYWOOD, FL 33021

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ESTEVES, KAREN
Address: 1070 NW 5TH STREET
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARMAND GROSSMAN

PD

02/18/2004

Electronic Signature of Signing Officer or Director

Date