


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90038 017 ****70.00

DOCUMENT # 714341					
1. Entity Name FLORIDA ATLANTIC UNIVERSITY ALUMNI ASSOCIATION, INC.					
Principal Place of Business FLORIDA ATLANTIC UNIV. 777 GLADES ROAD ADM 201 BOCA RATON, FL 33431 US			Mailing Address FLORIDA ATLANTIC UNIV. 777 GLADES ROAD ADM 201 BOCA RATON, FL 33431 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01172007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-0917284				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BREMAN, PATRICIA 777 GLADES RD ADM 201 FLORIDA ATLANTIC UNIVERSITY BOCA RATON, FL 33431			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRES	<input checked="" type="checkbox"/> Delete	TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLER, NEALE		NAME	Barbar, Anthony	
STREET ADDRESS	3003 OAKTREE LANE		STREET ADDRESS	1441 Tamarind Way	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	PR/E	<input checked="" type="checkbox"/> Delete	TITLE	PR/E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBAR, ANTHONY		NAME	Branch, Gloria	
STREET ADDRESS	1441 TAMARIND WAY		STREET ADDRESS	661 NE Marine Drive	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANCH, GLORIA		NAME	Berry, Romaine	
STREET ADDRESS	661 NE MARINE DR		STREET ADDRESS	4126 NW 60th Circle	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	SECR	<input checked="" type="checkbox"/> Delete	TITLE	SECR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEARING, TERRY		NAME	Moore Scheirich, Janice	
STREET ADDRESS	11690 FICUS STREET		STREET ADDRESS	3410A Spanish Wells Dr.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33410		CITY-ST-ZIP	Delray Beach, FL 33445	
TITLE	TRSR	<input checked="" type="checkbox"/> Delete	TITLE	TRSR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CABRERA, JORGE		NAME	Monteleone, Ray	
STREET ADDRESS	417 PALO ALTO DRIVE		STREET ADDRESS	3965 N 32nd Terrace	
CITY-ST-ZIP	PALM SPRINGS, FL 33461		CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Patricia P. Bremer</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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FLORIDA ATLANTIC UNIVERSITY ALUMNI
ASSOCIATION, INC.



ATTACHMENT

Principal Place of Business
FLORIDA ATLANTIC UNIV.
777 GLADES ROAD ADM 201
BOCA RATON, FL 33431 US

Mailing Address
FLORIDA ATLANTIC UNIV.
777 GLADES ROAD ADM 201
BOCA RATON, FL 33431 US

40010546

DO NOT WRITE IN THIS SPACE

01102007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-0917284

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BREMAN, PATRICIA
777 GLADES RD ADM 201
FLORIDA ATLANTIC UNIVERSITY
BOCA RATON, FL 33431

**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, 2007**

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	PRES POLLER, NEALE 3003 OAKTREE LANE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR/E BARBAR, ANTHONY 1441 TAMARIND WAY BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRANCH, GLORIA 661 NE MARINE DR BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR GEARING, TERRY 11690 FICUS STREET WEST PALM BEACH, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRSR CABRERA, JORGE 417 PALO ALTO DRIVE PALM SPRINGS, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Patricia P. Breman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #