

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90108 016 \*\*\*\*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

40003000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-0917284

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$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

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
NAME PRES  
STREET ADDRESS BARBAR, ANTHONY  
CITY-ST-ZIP 1441 TAMARIND WAY  
BOCA RATON, FL 33486 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME PR/E  
STREET ADDRESS BRANCH, GLORIE  
CITY-ST-ZIP 661 NE MARINE DRIVE  
BOCA RATON, FL 33431 ☐ Delete

TITLE  
NAME PR/E  
STREET ADDRESS Branch, Gloria  
CITY-ST-ZIP 661 NE Marine Drive  
Boca Raton, FL 33431 ☒ Change ☐ Addition

TITLE  
NAME VP  
STREET ADDRESS BERRY, ROMAYNE  
CITY-ST-ZIP 4126 NW 60TH CIRCLE  
BOCA RATON, FL 33496 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME SECR  
STREET ADDRESS MOORE SCHEIRICH, JANICE  
CITY-ST-ZIP 3410A SPANISH WELLS DRIVE  
DELRAY BEACH, FL 33445 ☒ Delete

TITLE  
NAME SECR  
STREET ADDRESS Geiser Chiampou, Jennifer  
CITY-ST-ZIP 3955 W. Hamilton Ky  
West Palm Beach, FL 33411 ☐ Change ☒ Addition

TITLE  
NAME TRSR  
STREET ADDRESS MONTELEONE, RAY  
CITY-ST-ZIP 3965 N 32ND TERRACE  
HOLLYWOOD, FL 33021 ☒ Delete

TITLE  
NAME TRSR  
STREET ADDRESS Starman, Elliot  
CITY-ST-ZIP 3640 Heron Ridge Lane  
Weston, FL 33331 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/08