

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714341

FILED
Jan 27, 2009
Secretary of State

Entity Name: FLORIDA ATLANTIC UNIVERSITY ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

FLORIDA ATLANTIC UNIV.
777 GLADES ROAD ADM 201
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 ADM 201
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: PRES () Delete
Name: BARBAR, ANTHONY
Address: 1441 TAMARIND WAY
City-St-Zip: BOCA RATON, FL 33486

Title: PR/E () Delete
Name: BRANCH, GLORIA
Address: 661 NE MARINE DRIVE
City-St-Zip: BOCA RATON, FL 33431

Title: VP () Delete
Name: BERRY, ROMAYNE
Address: 4126 NW 60TH CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: SECR () Delete
Name: GEISER CHIAMPOU, JENNIFER
Address: 3955 W HAMILTON KY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: TRSR (X) Delete
Name: STARMAN, ELLIOT
Address: 3640 HERON RIDGE LN
City-St-Zip: FORT LAUDERDALE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BRANCH, GLORIA
Address: 661 NE MARINE DRIVE
City-St-Zip: BOCA RATON, FL 33431

Title: PR/E (X) Change () Addition
Name: BERRY, ROMAYNE
Address: 4126 NW 60TH CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: SECR (X) Change () Addition
Name: MUNROE, SAMEKO
Address: 11055 SW 15TH ST., APT 306
City-St-Zip: PEMBROKE PINES, FL 33025

Title: TRSR (X) Change () Addition
Name: STARMAN, ELLIOTT
Address: 3640 HERON RIDGE LN
City-St-Zip: FORT LAUDERDALE, FL 33331

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA BREMAN

AGEN

01/27/2009

Electronic Signature of Signing Officer or Director

Date