

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728040

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** ALPHA OMEGA FOUNDATION OF ZETA BETA TAU FRATERNITY, INC.

**Current Principal Place of Business:**

113 ALMERIA AVE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

TWO ALHAMBRA PLAZA  
SUITE 750  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

113 ALMERIA AVE  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

TWO ALHAMBRA PLAZA  
SUITE 750  
CORAL GABLES, FL 33134 US

**FEI Number:** 59-0817798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WAAS, NORMAN M ESQ  
113 ALMERIA AVE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

WAAS, NORMAN M ESQ  
TWO ALHAMBRA PLAZA  
SUITE 750  
CORAL GABLES, FL 33134 US

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: \_\_\_\_\_

05/01/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TR ( ) Delete  
Name: KUSHNER, BRIAN  
Address: 3140 VIRGINIA ST  
City-St-Zip: COCONUT GROVE, FL 33133

Title: TR ( ) Delete  
Name: WAAS, NORMAN M  
Address: 113 ALMERIA AVE.  
City-St-Zip: CORAL GABLES, FL 33134

Title: TR ( ) Delete  
Name: LEVINSON, FRED  
Address: 2270 SW 102 DR  
City-St-Zip: DAVIE, FL 33324

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TR (X) Change ( ) Addition  
Name: WAAS, NORMAN M  
Address: TWO ALHAMBRA PLAZA, SUITE 750  
City-St-Zip: CORAL GABLES, FL 33134

Title: TR (X) Change ( ) Addition  
Name: LEVINSON, FRED  
Address: 13525 BARTRAM PARK BLVD., #1430  
City-St-Zip: JACKSONVILLE, FL 32258

Title: TR ( ) Change (X) Addition  
Name: LEVINE, SETH  
Address: 11420 SMATHERS CIRCLE  
City-St-Zip: PINECREST, FL 33156

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: NORMAN M. WAAS

TR

05/01/2009

Electronic Signature of Signing Officer or Director

Date