

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737766

FILED  
May 02, 2006  
Secretary of State

**Entity Name:** DELTA UPSILON ALUMNI CLUB, INC.

**Current Principal Place of Business:**

C/O PAUL E ROSENTHAL  
111 N ORANGE AVE #1800  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PAUL E ROSENTHAL  
111 N ORANGE AVE #1800  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 59-2192339 **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:**

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

ROSENTHAL, PAUL  
111 N ORANGE AVE #1800  
ORLANDO, FL 32801 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MONTY, MICHAEL  
Address: 3527 SHADY WOODS ST, E  
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD ( ) Delete  
Name: ROSENTHAL, PAUL E.,  
Address: 111 N ORANGE AVE 18 FLR  
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete  
Name: BARNES, TOM  
Address: 3500 NW 38 ST  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: STOCKHAMMER, STAN,  
Address: 18 CURVED CREEK WAY  
City-St-Zip: ORMOND BEACH, FL

Title: TD ( ) Delete  
Name: NEWTON, JOHN,  
Address: PO BOX 428  
City-St-Zip: MELBOURNE, FL 32904

Title: VD ( ) Delete  
Name: DELEGAL, TAD  
Address: 424 EAST MONROE ST  
City-St-Zip: JACKSONVILLE, FL 32202

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: STOCKHAMMER, STAN,  
Address: 24 SHADOW CREEK WAY  
City-St-Zip: ORMOND BEACH, FL 32174

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL E ROSENTHAL

S

05/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date