

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 17 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **747073** (5)

1. Corporation Name

NOVA LAW ALUMNI ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3305 COLLEGE AVENUE
FT. LAUDERDALE FL 33314**

**3305 COLLEGE AVENUE
FT. LAUDERDALE FL 33314-7721**



3. Date Incorporated or Qualified
05/07/1979

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLEWEISS, ALAN
C/O ALUMNI AFFS., SHEPARD BROAD LAW CTR
3305 COLLEGE AVENUE
FT. LAUDERDALE FL 33314**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **STALIONS, WILLIAM**
STREET ADDRESS **319 SE 14TH STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **S** ☒ DELETE
NAME **EPSTEIN, KAREN**
STREET ADDRESS **ONE FINANCIAL PLAZA #1600**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **TD** ☐ DELETE
NAME **MOYLE, BERNARD**
STREET ADDRESS **1 FINANCIAL PLAZA #1600**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☐ DELETE
NAME **PERRY, DIANE**
STREET ADDRESS **2455 E. SUNRISE BLVD., #905**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **PE** ☒ DELETE
NAME **SIMMONS, STEPHEN**
STREET ADDRESS **ONE FINANCIAL PLAZA #2602**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☒ DELETE
NAME **ARNOLD, FRANCES AVERY**
STREET ADDRESS **2734 E. OAKLAND PARK BLVD. STE 108**
CITY-ST-ZIP **FT. LAUDERDALE FL**

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Stephen J. Simmons**
1.3 STREET ADDRESS **321 Southeast 15 Avenue**
1.4 CITY-ST-ZIP **Fort Lauderdale, FL 33301**

2.1 TITLE **Secretary** ☒ Change ☒ Addition
2.2 NAME **Michelle C. Frigola**
2.3 STREET ADDRESS **5340 N. Federal Highway, Suite 104**
2.4 CITY-ST-ZIP **Lighthouse Point, FL 33064**

3.1 TITLE **President-Elect** ☒ Change ☐ Addition
3.2 NAME **Bernard T. Moyle**
3.3 STREET ADDRESS **1 Financial Plaza #1602**
3.4 CITY-ST-ZIP **Fort Lauderdale, FL 33394**

4.1 TITLE **Treasurer** ☒ Change ☐ Addition
4.2 NAME **Diane M. Perry**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **Vice-President** ☒ Change ☒ Addition
5.2 NAME **Steve M. Gerson**
5.3 STREET ADDRESS **200 E. Broward Blvd., 15th Floor**
5.4 CITY-ST-ZIP **Fort Lauderdale, FL 33301**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)