

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90073 020 \*\*\*\*61.25



**DOCUMENT # 747073**  
 1. Entity Name  
 NOVA SOUTHEASTERN UNIVERSITY LAW ALUMNI ASSOCIATION, INC.

Principal Place of Business  
 3305 COLLEGE AVENUE  
 FT. LAUDERDALE, FL 33314

Mailing Address  
 3305 COLLEGE AVENUE  
 FT. LAUDERDALE, FL 33314

640100



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07012004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
 NOT APPLICABLE

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  
 WELCH, ELIZABETH A  
 3305 COLLEGE AVENUE  
 FT. LAUDERDALE, FL 33314

7. Name and Address of New Registered Agent  
 Name: Jamie Finizio-Bascombe  
 Street Address (P.O. Box Number is Not Acceptable): Finizio & Finizio Law Firm  
 345 E. Commercial Blvd.  
 City: Ft. Lauderdale FL Zip Code: 33334

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: *Jamie Finizio-Bascombe* DATE: 7/6/04

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	VESSEL, BEVERLY	
STREET ADDRESS	100 W CYPRESS CREEK RD STE 930	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINIZIO BASCOMBE, JAMIE	
STREET ADDRESS	345 E CYPRESS CREEK RD., STE 930	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NIBLACK, KARI	
STREET ADDRESS	230C OXMOOR WAY	
CITY-ST-ZIP	AVON, IN 46123	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PORTH, ARI	
STREET ADDRESS	201 SE 6TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GERSON, STEVE M	
STREET ADDRESS	150 N. UNIVERSITY DRIVE, STE 200	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TESCHER, HOWARD	
STREET ADDRESS	100 NE 3 AVE STE 610	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jamie Finizio-Bascombe	
STREET ADDRESS	345 E. Commercial Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33334	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louis Battista	
STREET ADDRESS	700 SE Third Ave, Ste. 100	
CITY-ST-ZIP	Fort Lauderdale, Fla. 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David W. Singer	
STREET ADDRESS	1011 S. Federal Hwy	
CITY-ST-ZIP	Hollywood, FL 33020	

12. I 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 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 its 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 all other like (empowered).

SIGNATURE: *Jamie Finizio-Bascombe* DATE: 7/6/04 DAYTIME PHONE #: (954) 532-8200