

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753139

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: HARVARD CLUB OF MIAMI, INC.

## Current Principal Place of Business:

%TRAUM, PH 1275  
55 S PROSPECT DR  
MIAMI, FL 33133 US

## Current Mailing Address:

55 SOUTH PROSPECT DRIVE  
CORAL GABLES, FL 33133 US

## New Principal Place of Business:

%TRAUM,  
55 SOUTH PROSPECT DRIVE  
CORAL GABLES, FL 33133 US

## New Mailing Address:

%TRAUM,  
55 SOUTH PROSPECT DRIVE  
CORAL GABLES, FL 33133 US

FEI Number: 59-2062598

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRAUM, SYDNEY S  
C/O LEVEY, FILLER, ET AL  
555 NE 15 ST STE 104  
MIAMI, FL 33132 US

## Name and Address of New Registered Agent:

TRAUM, SYDNEY S  
C/O LEVEY, FILLER, ET AL  
1688 MERIDIAN AVE. - SUITE 902  
MIAMI BEACH, FL 33139 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:

02/25/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TRAUM, JUDITH  
Address: 55 S PROSPECT DR  
City-St-Zip: MIAMI, FL 33133

Title: DP ( ) Delete  
Name: ESSERMAN, JIM  
Address: 16041 SW 77 CT  
City-St-Zip: MIAMI, FL 33157

Title: DVP ( ) Delete  
Name: GARDINER, JANET P  
Address: 14920 SW 74 AVE  
City-St-Zip: MIAMI, FL 33158

Title: TD ( ) Delete  
Name: TRAUM, SYDNEY S  
Address: 55 S PROSPECT DR  
City-St-Zip: MIAMI, FL 33133

Title: DVP ( ) Delete  
Name: GERSTL, RON  
Address: 7425 SW 144 TERR  
City-St-Zip: MIAMI, FL 33158

Title: DS ( ) Delete  
Name: CROCKETT, JEFFREY  
Address: 6055 SW 92ND ST  
City-St-Zip: MIAMI, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: TRAUM, JUDITH  
Address: 55 SOUTH PROSPECT DRIVE  
City-St-Zip: CORAL GABLES, FL 33133

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

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

Title: TD (X) Change ( ) Addition  
Name: TRAUM, SYDNEY S  
Address: 55 SOUTH PROSPECT DRIVE  
City-St-Zip: CORAL GABLES, FL 33133

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

Title: DS (X) Change ( ) Addition  
Name: CROCKETT, JEFFREY  
Address: 2699 SOUTH BAYSHORE DRIVE - PH  
City-St-Zip: MIAMI, FL 33133

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: SYDNEY S. TRAUM

TRES

02/25/2009

Electronic Signature of Signing Officer or Director

Date