

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753139

FILED
Feb 15, 2010
Secretary of State

Entity Name: HARVARD CLUB OF MIAMI, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
1688 MERIDIAN AVE. - SUITE 902
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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: D
Name: TRAUM, JUDITH
Address: 55 SOUTH PROSPECT DRIVE
City-St-Zip: CORAL GABLES, FL 33133

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SYDNEY S. TRAUM

TREA

02/15/2010

Electronic Signature of Signing Officer or Director

Date