

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90003 034 ****61.25

DOCUMENT # N02000001119

1. Entity Name

SILLIMAN ALUMNI SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

7000 NW 63RD CT.
TAMARAC FL 33321

7000 NW 63RD CT.
TAMARAC FL 33321

54056542



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

702 S.W. 15 STREET

702 S.W. 15 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip 33315

Country BROWARD

Zip 33315

Country BROWARD

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PONTENELLA, EMMA
7000 NW 63RD CT.
TAMARAC FL 33321

Name VICTOR CHUANG

Street Address (P.O. Box Number is Not Acceptable)

702 S.W. 15 STREET

City FORT LAUDERDALE

FL

Zip Code 33315

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PONTENELLA, EMMA	
STREET ADDRESS	7000 NW 63RD CT.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MONTES, DAISY	
STREET ADDRESS	5723 NW 46TH DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, GAUDELIA	
STREET ADDRESS	610 SE 7TH AVE.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JAMORA, WANDALEE	
STREET ADDRESS	11404 SEAGRASS CR.	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input type="checkbox"/> Delete
NAME	PORTER, LUZ	
STREET ADDRESS	16295 SW 14TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33307	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICTOR CHUANG	
STREET ADDRESS	702 SW 15 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEDING AGUHO	
STREET ADDRESS	11149 SANDY SHELL WAY	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETH JOCKSON	
STREET ADDRESS	10303 NW 50 STREET	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERICA DURAY	
STREET ADDRESS	4972 NW 51 STREET	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMMA PONTENELLA	
STREET ADDRESS	7000 NW 63 COURT	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLENDIA HOBART	
STREET ADDRESS	4501 E. COUNTRY CLUB CIRCLE	
CITY-ST-ZIP	PLANTATION, FL 33317	

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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VICTOR CHUANG
PRESIDENT/DIRECTOR

5/20/04

(954) 761-1949