

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003163

FILED
Apr 20, 2012
Secretary of State

Entity Name: ST. HUGH'S ALUMNAE ASSOCIATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

18350 NW 2ND AVENUE
SUITE 500
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

5722 SOUTH FLAMINGO ROAD
P.O. BOX 172
COOPER CITY, FL 33330

New Mailing Address:

FEI Number: 01-0680826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, CECILE
18350 NW 2ND AVENUE
SUITE 500
MIAMI, FL 33169 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: P,D
Name: SMITH, SHARON M
Address: 2021 CHAMPIONS WAY
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: V,D
Name: WILKINSON, ALSIA A
Address: 4800 SW 198TH TERRACE
City-St-Zip: SOUTH WEST RANCHES, FL 33332

Title: S,D
Name: MCLEOD, MAPLE
Address: 5807 NW 81 TERRACE
City-St-Zip: TAMARAC, FL 33321

Title: T,D
Name: BENJAMIN, CAROLYN
Address: 641 GREYHAWK AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: D
Name: MANLEY, MICHELLE L
Address: 7401 PANAMA STREET
City-St-Zip: MIRAMAR, FL 33023

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: SHARON M. SMITH

P,D

04/20/2012

Electronic Signature of Signing Officer or Director

Date