

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009967

FILED
Feb 09, 2007
Secretary of State

Entity Name: NYU ALUMNI CLUB OF FLORIDA, INC.

Current Principal Place of Business:

C/O CRAIG E. BEHRENFELD
601 BAYSHORE BLVD STE 700
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

C/O CRAIG E. BEHRENFELD
601 BAYSHORE BLVD STE 700
TAMPA, FL 33606

New Mailing Address:

FEI Number: 11-3671010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEHRENFELD, CRAIG E
601 BAYSHORE BLVD STE 700
TAMPA, FL 33606 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: DV () Delete
Name: LEVINE, EDWARD L
Address: 6717 WHITEWAY DRIVE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: DS () Delete
Name: CARDELLIO, KRISTIN M
Address: 605 S. GULFSTREAM AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: DT () Delete
Name: STARFIELD, DICK
Address: 800 BEN FRANKLIN DR
City-St-Zip: SARASOTA, FL 34236

Title: DP () Delete
Name: BEHRENFELD, CRAIG E
Address: 601 BAYSHORE BLVD STE 700
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CRAIG E BEHRENFELD

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02/09/2007

Electronic Signature of Signing Officer or Director

Date