

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009685

FILED  
Jul 06, 2004  
Secretary of State

Entity Name: NYU ALUMNI CLUB OF SOUTH FLORIDA INC.

**Current Principal Place of Business:**

3273 COACOOCHIEE STREET  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3273 COACOOCHIEE STREET  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALDMANN, CAROLINE  
3273 COACOOCHIEE STREET  
MIAMI, FL FL 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 ( ) Delete  
Name: KEDZIORA, PATRICK  
Address: 5855 S.W. 48TH STREET  
City-St-Zip: MIAMI, FL 33155

Title: P ( ) Delete  
Name: WEISBERG, PETER  
Address: 3273 COACOOCHIEE STREET  
City-St-Zip: MIAMI, FL 33133

Title: T ( ) Delete  
Name: WALDMANN, CAROLINE  
Address: 3273 COACOOCHIEE STREET  
City-St-Zip: MIAMI, FL 33133

Title: T ( ) Delete  
Name: VAUGHAN, ROBERT  
Address: 200 SOUTH BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33131

**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 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 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: CAROLINE WALDMANN

T

07/06/2004

Electronic Signature of Signing Officer or Director

Date