

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90035 012 ****61.25

40122339



06082007 Chg-NP CR2E037 (12/06)

4. FEI Number **APPLIED FOR 35-2223985** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DOCUMENT # N04000001210
1. Entity Name
**THE ASSOCIATION OF THE ALUMNI AND FRIENDS OF
THE NOVA SOUTHEASTERN UNIVERSITY
POSTGRADUATE ENDOD**



Principal Place of Business Mailing Address
5825 BLUE ROAD 5825 BLUE ROAD
MIAMI, FL 33155 MIAMI, FL 33155

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4000 SHERIDAN ST 4000 SHERIDAN ST.

Suite, Apt. #, etc. Suite, Apt. #, etc.
STE # B STE # B

City & State City & State
HOLLYWOOD FL HOLLYWOOD FL

Zip Country Zip Country
33021 USA 33021 USA

6. Name and Address of Current Registered Agent
BARROS, JOSE F
5825 BLUE ROAD
MIAMI, FL 33155

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Filing Fee is \$61.25
Due by September 14, 2007

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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARAFALO, RAPHAEL			NAME			
STREET ADDRESS	68 DEVON BAIC D'URSE			STREET ADDRESS			
CITY-ST-ZIP	QUEBEC, CANADA H8X 2W6,			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KENNEDY, JULIE			NAME			
STREET ADDRESS	1501 PRESIDENTIAL WAY STE 18			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PASCOE, GARY			NAME			
STREET ADDRESS	1050 CHEROKEE ST., #305			STREET ADDRESS			
CITY-ST-ZIP	DENVER, CO 80204			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SLINGBAUM, JOEL			NAME			
STREET ADDRESS	4000 SHERIDAN ST., STE. B			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33021			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joel Slingbaum 6-20-07 954-986-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #