2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N07000007208

Entity Name: THE PRINCETON ALUMNI ASSOCIATION OF PALM BEACH AND MARTIN COUNTIES, INC.

Current Principal Place of Business:

340 ROYAL POINCIANA WAY
SUITE 321
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

C/O ROBB R MAASS ESQ
PO BOX 431
PALM BEACH, FL 33480

New Mailing Address:

340 ROYAL POINCIANA WAY
SUITE 321
PALM BEACH, FL 33480

FEI Number: 59-2399046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MAASS, ROBB R ESQ
340 ROYAL POINCIANA WAY SUITE 321
PALM BEACH, FL 33480 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: REINHART, BRUCE
Address: 188 THORNTON DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP ( ) Delete
Name: WORKMAN, LESLEY
Address: 820 ESTUARY WAY
City-St-Zip: DELRAY BEACH, FL 33483

Title: S ( ) Delete
Name: NORTHROP, TAYLOR
Address: 114 NEWCASTLE DR
City-St-Zip: JUPITER, FL 33458

Title: T ( ) Delete
Name: LAMARCHE, REILLY
Address: 684 EAGLE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33444

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 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: ROBB R. MAASS MR. 03/13/2009

Electronic Signature of Signing Officer or Director — Date