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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:49

DOCUMENT # **N14673** (0)

1. Corporation Name
**UNIVERSITY OF PENNSYLVANIA ALUMNI CLUB OF SOUTHW
EST FLORIDA, INC.**

Principal Place of Business 3003 TAMiami TRAIL NORTH #270 C/O JOHN CLAPPER, III NAPLES FL 33940	Mailing Address 3003 TAMiami TRAIL NORTH #270 C/O JOHN CLAPPER, III NAPLES FL 33940
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/24/1986	3a. Date of Last Report 02/09/1994
4. FEI Number 59-2713039	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent
**CLAPPER, JOHN III
3003 TAMiami TRAIL NO
SUITE 270
NAPLES FL 33940**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRETTIS, THOMAS T 550 5TH AVE SO NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MINER, BRUCE M. 325 WEST AVE. NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TRACEY, PATRICK A. 150 TURTLE LAKE CT A107 NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNTHER-MOHR, PAUL J. 600 GORDONA RD NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CLAPPER, JOHN, III 750 PORTSIDE DR. NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCFADDEN, JAMES A JR 103 WESTWOOD DR NAPLES FL 33942

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Clapper* 1/16/95 8136496200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Chapter/Trust #