

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N14673** (0)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**3003 TAMiami TRAIL NORTH #270
C/O JOHN CLAPPER, III
NAPLES FL 33940**

**3003 TAMiami TRAIL NORTH #270
C/O JOHN CLAPPER, III
NAPLES FL 33940**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1986		3a. Date of Last Report 01/30/1995	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.	4. FEI Number 59-2713039		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLAPPER, JOHN III
3003 TAMiami TRAIL NO
SUITE 270
NAPLES FL 33940**

**850 PARKSHORE
DRIVE, 3rd
FLOOR**

81 Name **(same)**
82 Street Address (P.O. Box Number is Not Acceptable)
**850 PARKSHORE DRIVE,
3RD FLOOR**
83
84 City **NAPLES** FL 85 **33940**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/19/96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDI	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TRECHS, THOMAS T			1.2 NAME	EDWARD LINDSAY		
STREET ADDRESS	550 5TH AVE SO			1.3 STREET ADDRESS	1990 7th Street South		
CITY-ST-ZIP	NAPLES FL			1.4 CITY-ST-ZIP	Naples FL 33940		
TITLE	DT	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINER, BRUCE M.			2.2 NAME			
STREET ADDRESS	325 WEST AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRACEY, PATRICK A.			3.2 NAME			
STREET ADDRESS	150 TURTLE LAKE CT A107			3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUNTHER-MOHR, PAUL J.			4.2 NAME			
STREET ADDRESS	600 GORDONIA RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			4.4 CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAPPER, JOHN, III			5.2 NAME			
STREET ADDRESS	750 PORTSIDE DR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			5.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCFADDEN, JAMES A JR			6.2 NAME			
STREET ADDRESS	163 WESTWOOD DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33942			6.4 CITY-ST-ZIP			

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/96

CR2E037 (12/95)