

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N14673 (0)

1. Corporation Name

UNIVERSITY OF PENNSYLVANIA ALUMNI CLUB OF SOUTHWEST 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

3. Date incorporated or Qualified: 04/24/1986
3a. Date of Last Report: 01/30/1995
4. FEI Number: 59-2713039
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
25. Suite, Apt. #, etc.
26. City & State
27. Zip
28. Country
29. Zip
30. Country

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: (Same) 850 PARKSHORE DRIVE, 3rd floor, NAPLES FL 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] 2/19/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PDI	NAME: TREYRS, THOMAS T	1.1 TITLE: P D	EDWARD LINDSAY X
STREET ADDRESS: 550 5TH AVE SO	CITY-ST-ZIP: NAPLES FL	1.2 NAME:	1.3 STREET ADDRESS: 1990 7th Street South
TITLE: DT	NAME: MINER, BRUCE M.	2.1 TITLE: [Change]	2.2 NAME: Naples FL 33940
STREET ADDRESS: 325 WEST AVE.	CITY-ST-ZIP: NAPLES FL	2.3 STREET ADDRESS: N. BRUCE MINER 707 7th Ave Circle	2.4 CITY-ST-ZIP: NAPLES, FL 33942
TITLE: DVP	NAME: TRACEY, PATRICK A.	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 150 TURTLE LAKE CT A107	CITY-ST-ZIP: NAPLES FL	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: D	NAME: GUNTHER-MOHR, PAUL J.	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 600 GORDONIA RD	CITY-ST-ZIP: NAPLES FL	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: DVP	NAME: CLAPPER, JOHN, III	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 750 PORTSIDE DR.	CITY-ST-ZIP: NAPLES FL	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: DP	NAME: MCFADDEN, JAMES A JR	6.1 TITLE:	6.2 NAME:
STREET ADDRESS: 163 WESTWOOD DR	CITY-ST-ZIP: NAPLES FL 33942	6.3 STREET ADDRESS:	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] 2/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)