2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14673

FILED Feb 08, 2004 Secretary of State

Entity Name: UNIVERSITY OF PENNSYLVANIA ALUMNI CLUB OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 6518 HIGHCROFT DR NAPLES, FL 34119 **Current Mailing Address: New Mailing Address:** 6518 HIGHCROFT DR NAPLES, FL 34119 FEI Number: 59-2713039 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REISS, ANDREW 821 FIFTH AVENUE SOUTH STE. 201 NAPLES, FL 34102 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Change () Addition () Delete REISS, ANDREW Name: Name: 821 FIFTH AVENUE SOUTH, STE. 201 Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition Name: DEWEY, ELIZABETH Name: KORN, TYLER Address: 1297 VENETIAN WAY Address: 5811 PELICAN BAY BLVD, STE 209 City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34108 Title: () Delete Title: () Change () Addition CALLAHAN, EDWARD M Name: Name: 6216 BELLERIVE AVENUE, #1703 Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: GAMBA, JOHN F Name: 6518 HIGHCROFT DR Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TYLER B. KORN TD 02/08/2004