

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14673

FILED  
Jan 21, 2005  
Secretary of State

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

**Current Principal Place of Business:**

6518 HIGHCROFT DR  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

6518 HIGHCROFT DR  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** 59-2713039

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REISS, ANDREW  
821 FIFTH AVENUE SOUTH  
STE. 201  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

KORN, TYLER B ESQ  
5811 PELICAN BAY BLVD  
SUITE 209  
NAPLES, FL 34108 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: TYLER B KORN, ESQ.

01/21/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: REISS, ANDREW  
Address: 821 FIFTH AVENUE SOUTH, STE. 201  
City-St-Zip: NAPLES, FL 34102

Title: TD ( ) Delete  
Name: KORN, TYLER  
Address: 5811 PELICAN BAY BLVD, STE 209  
City-St-Zip: NAPLES, FL 34108

Title: SD ( ) Delete  
Name: CALLAHAN, EDWARD M  
Address: 6216 BELLERIVE AVENUE, #1703  
City-St-Zip: NAPLES, FL 34119

Title: PD ( ) Delete  
Name: GAMBA, JOHN F  
Address: 6518 HIGHCROFT DR  
City-St-Zip: NAPLES, FL 34119

**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 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, ESQ.

TD

01/21/2005

Electronic Signature of Signing Officer or Director

Date