2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14673

Current Mailing Address:

FILED Jan 08, 2008 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	

540 VIA VENETO 5150 TAMIAMI TRAIL N. NO. 101 SUITE 302 NAPLES, FL 34108 NAPLES, FL 34103

FEI Number: 59-2713039 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

New Mailing Address:

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

KORN, TYLER B ESQ
5811 PELICAN BAY BLVD
5150 TAMIAMI TRAIL N.
SUITE 209
NAPLES, FL 34108 US
KORN, TYLER B ESQ
5150 TAMIAMI TRAIL N.
SUITE 302
NAPLES, FL 34103 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 01/08/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VPD () Change () Addition () Delete REISS, ANDREW Name: Name: Address: 821 FIFTH AVENUE SOUTH, STE. 201 Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: KORN, TYLER Name: KORN, TYLER Address: 5811 PELICAN BAY BLVD, STE 209 Address: 5150 TAMIAMI TRAIL N., SUITE 302 City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34103 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:

 Name:
 GAMBA, JOHN F
 Name:

 Address:
 6518 HIGHCROFT DR
 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 exemption stated in Chapter 119, 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 01/08/2008