

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# N14673

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:

5150 TAMIAMI TRAIL N.
SUITE 302
NAPLES, FL 34103

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:

KORN, TYLER B ESQ
5150 TAMIAMI TRAIL N.
SUITE 302
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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:

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: 5150 TAMIAMI TRAIL N., SUITE 302
City-St-Zip: NAPLES, FL 34103

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 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 KORN

TD

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date