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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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95 FEB 17 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30921 (3)

1. Corporation Name

UNIVERSITY OF PENNSYLVANIA ALUMNI CLUB OF THE PA
LM BEACHES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
LAURIE L. GILDAN 777 S FLAGLER DR., STE 310-E W PALM BCH FL 33401	LAURIE L. GILDAN 777 S FLAGLER DR., STE 310-E W PALM BCH FL 33401

3. Date Incorporated or Qualified: 02/28/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GILDAN, LAURIE L. 777 S FLAGLER DR., STE 310-E W PALM BCH FL 33401	91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City FL 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	PD	1.1 TITLE	President/Director	☑ Change ☐ Addition
NAME	DESANTIS, CONRAD J.	1.2 NAME	MACPHERSON, James H.	
STREET ADDRESS	11891 US HWY ONE	1.3 STREET ADDRESS	533 Overlook Drive	
CITY-ST-ZIP	N PALM BCH FL	1.4 CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	VSD	2.1 TITLE		☐ Change ☐ Addition
NAME	GILDAN, LAURIE L.	2.2 NAME		
STREET ADDRESS	777 S. FLAGLER DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	Treasurer/Director	☑ Change ☐ Addition
NAME	DONOVAN, MICHAEL R.	3.2 NAME	Richard Gabbe	
STREET ADDRESS	1201 US HWY ONE #205	3.3 STREET ADDRESS	11 Edinburgh Ct.	
CITY-ST-ZIP	PALM BCH GARDEN FL	3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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: Laurie L. Gildan 1/11/95 407-650-7424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
LAURIE L. GILDAN, V/S/D

0010715