

FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N30921 (3)**  
1. Corporation Name  
**UNIVERSITY OF PENNSYLVANIA ALUMNI CLUB OF THE PALM BEACHES, INC.**



Principal Place of Business <b>8295 N MILITARY TRAIL SUITE F PALM BEACH GARDENS FL 33410 US</b>	Mailing Address <b>8295 N MILITARY TRAIL SUITE F PALM BEACH GARDENS FL 33410 US</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28 2547 LOCHMORE RD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>23</b>	City & State <b>28 W. PALM BEACH, FL</b>
Zip <b>24</b>	Zip <b>29 33407</b>
Country <b>26</b>	Country <b>30 PAIN BEACH</b>

3. Date Incorporated or Qualified <b>02/28/1989</b>
4. FEI Number <b>NOT APPLICABLE</b>
Applied For <b>NOT APPLICABLE</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>GRIFFIN, ADRIENNE H. 8295 N MILITARY TRAIL SUITE F PALM BEACH GARDENS FL 33410</b>
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> DELETE	
<b>PD</b>	<b>MACPHERSON, JAMES H.</b>
<b>533 OVERLOOK DR</b>	<b>NORTH PALM BEACH FL</b>
<input type="checkbox"/> DELETE	
<b>D</b>	<b>MISAVAGE, MARTIN D.D.S</b>
<b>1911 N FLAGLER DRIVE</b>	<b>W PALM BCH FL</b>
<input type="checkbox"/> DELETE	
<b>TD</b>	<b>GABBE, RICHARD</b>
<b>11 EDINBURGH CT</b>	<b>PALM BCH GARDEN FL</b>
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing 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: Richard Garbe 4/27/98 (561) 615-9400

CR2E037 (10/97)