


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N30921 1. Entity Name UNIVERSITY OF PENNSYLVANIA ALUMNI CLUB OF THE PALM BEACHES, INC.	
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Principal Place of Business 2547 LOCHMORE RD WPB, FL 33407 US	Mailing Address 2547 LOCHMORE RD WPB, FL 33407 US
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DO NOT WRITE IN THIS SPACE



03072005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRIFFIN, ADRIENNE H. 2547 LOCHMORE RD WEST PALM BEACH, FL 33407	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PSD MACPHERSON, JAMES H. 533 OVERLOOK DR NORTH PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D MISAVAGE, MARTIN D.D.S. 1911 N FLAGLER DRIVE W PALM BCH, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D HEINE, ROBERT 103 SABAL PALM LN WEST PALM BEACH, FL 33418
TITLE NAME STREET ADDRESS CITY ST ZIP	D KRAVITZ, BEVERLY 5510 N. OCEAN DR #300-26B WEST PALM BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

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03/14/05-80043-016 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Martin V. Misavage, D.D.S.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>3/10/05</u>	Daytime Phone: <u>561-844-5860</u>
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