

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # N30921

1. Entity Name
**UNIVERSITY OF PENNSYLVANIA ALUMNI CLUB OF THE
PALM BEACHES, INC.**



Principal Place of Business

**2547 LOCHMORE RD
WPB, FL 33407 US**

Mailing Address

**2547 LOCHMORE RD
WPB, FL 33407 US**



03212007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
MACPHERSON, JAMES H.
1601 FORUM PLACE SUITE 801
WEST PALM BEACH, FL 33401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
REICH, ROBERT
420 SOUTH LAKE POINTE LN
DEERFIELD BEACH, FL 33442**

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
SACHS, FRAN
154 PROMENADE WAY
JUPITER, FL 33452**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000683531
04/05/07-80046-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND OFFICE OR PRINTER NAME OF SIGNATURE REQUIRED FOR DIRECTOR

Date

Daytime Phone #

3/23/07