

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90106 049 ****61.25

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DOCUMENT # N50944

1. Corporation Name

XI DELTA ALUMNI ASSOCIATION OF CHI PHI, INC.

Principal Place of Business

**3850 BEECHGROVE RD
MELBOURNE FL 32934
US**

Mailing Address

**3850 BEECHGROVE ROAD
MELBOURNE FL 32934
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/22/1992

4. FEI Number

59-3192180

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**HANDA, SUNDEEP
3850 BEECHGROVE ROAD
MELBOURNE FL 32934**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

T ☐ DELETE

NAME **BROCKMANN, MARK A.**
STREET ADDRESS **3850 BEECHGROVE RD**
CITY-ST-ZIP **MELBOURNE FL**

VD ☐ DELETE

NAME **KELLEY, MIKE**
STREET ADDRESS **3850 BEECHGROVE RD**
CITY-ST-ZIP **MELBOURNE FL**

PD ☐ DELETE

NAME **SILVERIO, DAVID**
STREET ADDRESS **8850 BEECH GROVE RD**
CITY-ST-ZIP **MELBOURNE FL**

~~SECRETARY~~ ☐ DELETE

NAME **SECRETARY**
STREET ADDRESS **SECRETARY**
CITY-ST-ZIP **SECRETARY**

☐ DELETE

NAME **SUNDEEP HANDA**
STREET ADDRESS **3850 BEECHGROVE RD.**
CITY-ST-ZIP **MELBOURNE, FL 32934**

☐ DELETE

NAME **SUNDEEP HANDA**
STREET ADDRESS **3850 BEECHGROVE RD.**
CITY-ST-ZIP **MELBOURNE, FL 32934**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SECRETARY / DIRECTOR
DOUGLAS DICARLO
3850 BEECHGROVE ROAD
MELBOURNE, FL 32934

5.1 TITLE

☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SUNDEEP HANDA
3850 BEECHGROVE RD.
MELBOURNE, FL 32934

6.1 TITLE

☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SUNDEEP HANDA **4/29/99** **407-427-9863**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)