


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 26 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # N51072 (9)**

1. Corporation Name  
**HOLMWOOD PAST STUDENT ASSOCIATION, SOUTH FLORIDA CHAPTER, INC.**

Principal Place of Business <b>8003 SW 6TH ST N LAUDERDALE FL 33068 US</b>	Mailing Address <b>P.O. BOX 100425 FT. LAUDERDALE FL 33310 US</b>
---	--

3. Date Incorporated or Qualified <b>09/30/1992</b>	4. FEI Number <b>65-0421944</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
--	------------------------------------	---	---

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PINKNEY, YVONNE T  
17521 NE 1ST COURT  
N MIAMI BCH FL 33182**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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]* - PRESIDENT 9-21-98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>VPD</b>	<input type="checkbox"/> DELETE
NAME <b>DALRIO, HAMLIN</b>	
STREET ADDRESS <b>8003 SW 6TH ST</b>	
CITY-ST-ZIP <b>N LAUDERDALE FL</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>PINKNEY, YVONNE</b>	
STREET ADDRESS <b>17521 NE FIRST COURT</b>	
CITY-ST-ZIP <b>N MIAMI BCH FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>GRANT, LESLIE</b>	
STREET ADDRESS <b>16481 S.W. 146 COURT</b>	
CITY-ST-ZIP <b>MIAMI FL 33177</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>THOMAS, MORINE</b>	
STREET ADDRESS <b>3312 GARNET ROAD</b>	
CITY-ST-ZIP <b>MIRAMAR FL</b>	
TITLE <b>SA</b>	<input type="checkbox"/> DELETE
NAME <b>CLARKE-DAVIS, DAWN</b>	
STREET ADDRESS <b>5932 N.W. 16TH STREET</b>	
CITY-ST-ZIP <b>LAUDERHILL FL 33313</b>	
TITLE <b>AT</b>	<input type="checkbox"/> DELETE
NAME <b>LEXLEY, EARLE</b>	
STREET ADDRESS <b>11009 NW 3RD DR</b>	
CITY-ST-ZIP <b>CORAL SPRGS FL</b>	

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: *[Signature]* 9-21-98 305-653-5587  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)