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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N51072

1. Corporation Name

HOLMWOOD PAST STUDENT ASSOCIATION, SOUTH FLORIDA CHAPTER, INC.

Principal Place of Business

8003 SW 6TH ST  
N LAUDERDALE FL 33068  
US

Mailing Address

P.O. BOX 100425  
FT. LAUDERDALE FL 33310  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date incorporated or Qualified

09/30/1992

4. FEI Number

65-0421944

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

PINKNEY, YVONNE T  
17521 NE 1ST COURT  
N MIAMI BCH FL 33162

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

*Yvonne T. Pinkney* (PRESIDENT)

6-1-99

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 VPD  DELETE  
NAME DALRIO, HAMLIN  
STREET ADDRESS 8003 SW 6TH ST  
CITY-ST-ZIP N LAUDERDALE FL

TITLE PD  DELETE  
NAME PINKNEY, YVONNE  
STREET ADDRESS 17521 NE FIRST COURT  
CITY-ST-ZIP N MIAMI BCH FL

TITLE TD  DELETE  
NAME GRANT, LESLIE  
STREET ADDRESS 16481 S.W. 146 COURT  
CITY-ST-ZIP MIAMI FL 33177

TITLE S  DELETE  
NAME THOMAS, MORINE  
STREET ADDRESS 3312 GARNET ROAD  
CITY-ST-ZIP MIRAMAR FL

TITLE SA  DELETE  
NAME CLARKE-DAVIS, DAWN  
STREET ADDRESS 5932 N.W. 16TH STREET  
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE AT  DELETE  
NAME LEXLEY, EARLE  
STREET ADDRESS 11669 NW 3RD DR  
CITY-ST-ZIP CORAL SPRGS FL

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

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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:

*Yvonne T. Pinkney* REQUIRED

6-1-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)