

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51072

FILED
Mar 07, 2009
Secretary of State

Entity Name: HOLMWOOD PAST STUDENT ASSOCIATION, SOUTH FLORIDA CHAPTER, INC.

Current Principal Place of Business:

8003 SW 6TH ST
N LAUDERDALE, FL 33068 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 25935
TAMARAC, FL 33320 US

New Mailing Address:

FEI Number: 65-0421944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DALRIO, HAMLIN
Address: 8003 SW 6TH ST
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VPD () Delete
Name: MORINE, THOMAS
Address: 3312 GARNET ROAD
City-St-Zip: MIRAMR, FL

Title: S () Delete
Name: COORE, SONIA
Address: 2744 NW 47 LANE
City-St-Zip: LAUDERDALE LKS, FL 33313

Title: SA () Delete
Name: CLARKE-DAVIS, DAWN
Address: 5932 NW 16 STREET
City-St-Zip: LAUDERHILL, FL 33313

Title: TD () Delete
Name: SOLOMON, RONALD
Address: 9860 DUNHILL DRIVE
City-St-Zip: MIRAMAR, FL 33025

Title: AT () Delete
Name: BINNS, GEORGE
Address: 9751 SW 14 STREET
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAMLIN DALRIO

PD

03/07/2009

Electronic Signature of Signing Officer or Director

Date