2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

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1. Entity Name
THE UNIVERSITY OF PENNSYLVANIA DADE ALUMNI FOUNDATION, INCORPORATED

Principal Place of Business	Mailing Address
2500 E. HALLANDALE BCH. BLVD. 402 HALLANDALE, FL 33009 US	2500 E. HALLANDALE BCH. BLVD. 402 HALLANDALE, FL 33009 US

DO NOT WRITE IN THIS SPACE

01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0488720
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, ALAN
2500 E. HALLANDALE BCH. BLVD., #402
HALLANDALE, FL 33009

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOWARD, ELSIE
STREET ADDRESS	4825 LAKEVIEW DR
CITY-ST-ZIP	MIAMI BECAH, FL 33140
TITLE	TD
NAME	MILLER, ALAN
STREET ADDRESS	2500 E. HALLANDALE BCH. BLVD
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	DV
NAME	WAXMAN, ROBERT
STREET ADDRESS	13290 BISCAYNE BAY TERR
CITY-ST-ZIP	NO MIAMI, FL 33181
TITLE	SD
NAME	DOHNER, DAVID
STREET ADDRESS	9130 S DADELAND BLVD
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/06-80022-022 61.25

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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: _____ 4/26/06 Tues.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #