

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005124

FILED
Mar 22, 2009
Secretary of State

Entity Name: SOUTH FLORIDA ALUMNI ASSOCIATION OF STUYVESANT HIGH SCHOOL, INC.

Current Principal Place of Business:

100 WORTH AVENUE
306
PALM BEACH, FL 33480 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 742042
BOYNTON BEACH, FL 33474 US

New Mailing Address:

FEI Number: 65-0529082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENJAMIN, IVAN S
629 SW FIRST AVE
FT LAUDERDALE, FL 33301 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: DT () Delete
Name: MILLER, STEPHEN C
Address: 100 WORTH AVE #306
City-St-Zip: PALM BEACH, FL 33480

Title: DP () Delete
Name: KAMINSKY, ROBERT
Address: 10532 TROPICAL BREEZE LANE
City-St-Zip: BOYNTON BEACH, FL 3343

Title: D () Delete
Name: LEVINE, HENRY
Address: 7886 MANOR FOREST BLVD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: S () Delete
Name: MOSKOWITZ, LESTER
Address: 10346 UTOPIA CIRCLE NORTH
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: SEIDEN, LEWIS J
Address: 7545 ISLAND BREEZE TERR.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: VINCI, THOMAS
Address: 700 S OCEAN BLVD #1201
City-St-Zip: BOCA RATON, FL 33432

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: STEPHEN MILLER

TREA

03/22/2009

Electronic Signature of Signing Officer or Director

Date