## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** NIGEODODO 1899 (1)

1. Corporation Name												
VILLANOVA UNIVERSITY - GULFSTREAM ALUMNI, INC.										* •		
;								Ì	<u>   (arman energia della della della della della della della</u>			
Principal Place of Business Mailing Address						<del></del>						
						•						
340 ROYAL POINCIANA PLAZA  PALM BEACH FL 33480  AUGUSTA STANDARD SAND SEACH FL 33480						iA .			3. Date Incorporated or Qualified			
								ļ	04/03/1996 4. FEI Number			
									65-0661791	<del></del>	opplied For lot Applicable	
2. Principal Place of Business 2a, Mailing Ad					iress						Additional	
21			26	26					5. Certificate of Status Desired	,	Required	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					6. Election Campaign Financing		May Be	
City & State		··- · · · · · · ·	27 City	City & State				-	Trust Fund Contribution		to Fees	
23	_		28	<u></u>					7. Is this nonprofit corporation a homeowners association?  Yes No			
Zip	p Country			Zip		Country			8. This corporation owes or has paid the	current year in	ntangible	
24				29 30					Personal Property Tax due June 30.		□No	
9. Name and Address of Current Registered Agent						81	Name		10. Name and Address of New Register	ea Agent		
I VAICH EDANICIC V												
LYNCH, FRANCIS X 340 ROYAL POINCIANA PLAZA					ľ	82	Street Addre		s (P.O. Box Number is Not Acceptable)		Į	
PALM BEACH FL 33480					h	83			<del></del>			
Train survey (1 5 or 100						84	City			lee Zin	Code	
										<b>L</b>		
11. Pursuant	to the provis	ions of Sections 617.050	02 and 617.15 of Florida, Si	08, Florida Statut	es, the ab	ove I bv	named corpo	orpòri	ation submits this statement for the purpose is board of directors. I hereby accept the	e of changing	its registered	
agent. I a	m familiar w	ith, and accept the oblig	ations of, Sec	tion 617.0503, Fl	orida Stati	ıtes	3.				}	
SIGNATURE .	Signature typed	or printed name of registered ag	ent and title if appli	cable (NOT	F: Registered	Aner	ot signature re	ouired s	when reinstating) DAT	<u> </u>		
12. OFFICERS AND DIRECTORS					13.				ADDITIONS/CHANGES TO OFFICERS A		R\$ IN 12	
TITLE	PDT DELETE				1.1 TIT	1.1 TITLE				Change	Addition	
NAME	HOLFELDER, AL				1.2 NA	1.2 NAME					]	
STREET ADDRESS						1.3 STREET ADDRESS						
CITY-ST-ZIP	PALM BEACH FL 33480					1.4 CITY-ST-ZIP					A 42/12	
TITLE	VPD	EDANOICY I	DELETE		2.1 TITLE				L Change	☐ Addition		
NAME	= 111914 1114 1114 1114					2.2 NAME						
STREET ADDRESS	DALLA DELOU EL COLOG					2.3 STREET ADDRESS					ì	
CITY-ST-ZIP TITLE	SD DELETE					2. 4 CITY - ST - ZIP 3.1 TITLE				Change	Addition	
NAME	HOLFELDER, JACKIE					3.2 NAME						
STREET ADDRESS		YAL POINCIANA PLA	ZA		- 1		ADDRESS				1	
CITY-ST-ZIP		EACH FL 33480			3.4. CiT							
TITLE				DELETE	4.1 TIT	LE				Change	☐ Addition	
NAME					4. 2 NA	ME	1					
STREET ADDRESS					4.3 STF	TEET.	address				}	
CITY-ST-ZIP					4.4 CIT	Y- \$1	T-ZIP					
TITLE	DELE			☐ DELETE	5.1 TIT	5.1 TITLE				☐ Change	Addition	
NAME					5.2 NAI	ME	ĺ				1	
STREET ADDRESS					5.3 STF	REET	ADDRESS					
City-St-ZIP		<del></del>		Bry ree	5.4 CIT		T-ZIP				1 4 4 8 1	
TITLE				DELETE	6.1 111					Change	☐ Addition	
NAME STREET ADODESS					6.2 NA1							
STREET ADDRESS					6.3 STF	REET	ADDRESS				Ì	

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 hanged, or on an attachment with an address.

SIGNATURE:

XXX. LYNCH - VICE-PRES 4/2008 (561)833-9631

**FILED** 

May 19 1998 8:00am

Secretary of State