## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90218 037 \*\*\*\*61.25

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|--------|--------|--------------|--------------|----|----|

| VILLANOVA UNIVERSITY - GULFSTREAM ALUMN |  |
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|   |  |
|   |  |

Principal Place of Business 340 ROYAL POINCIANA PLAZA PALM BEACH FL 33480

2. Principal Place of Business

Mailing Address

2a. Mailing Address

340 ROYAL POINCIANA PLAZA PALM BEACH FL 33480

|--|

3. Date Incorporated or Qualifed

| Suite, Apt. #, etc.   Suite, Apt. #, etc.   4. FET Number   Applied For SC-0661791   Na Applied For Sc-0661791   N | 21             |   | 26   | -                           |  |                                      | 04/03/1996                                 |                | ٠,          |                           |
|--|----------------|---|--|-----------------------------|--|--------------------------------------|--|----------------|-------------|---------------------------|
| City & State 23  |                | #, etc.   | 1 -01  | Suite, Apt. #, etc.         | ·  |                                      |  |                | A           | pplied For                |
| State  | 22             |   | 27   |                             |  |                                      | 65-0661791                                 |                |             | lot Applicable            |
| Zip   Country   Zip   Country   Zip   Country   S. Election Campaign Financing   S. 5.00 Mays be Added to Fees   S. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   14. Name   Address of New Registered Agent   15. Name and Address of New Registered Agent   15. Name and Address of New Registered Agent   25. Street Address (P.O. Box Number is Not Acceptable)   33. Name and Address of New Registered Agent   25. Street Address (P.O. Box Number is Not Acceptable)   34. Name   35. Street Address (P.O. Box Number is Not Acceptable)   35. Street Address (P.O. Box Number is Not Acceptable)   36. Name   3   |                | 9   | <del>                                     </del> | City & State                |  |                                      | 5. Cortificate of Status Desired           | П              | ¥ • · · · - |                           |
| Zip Country Zip Country Zip Country  | 23             | , ·   |  |                             |  | 5. Certificate of Status Desired Fee |  |                | Fee F       | Required                  |
| 9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  13. Pursuant to the provisions of Sections 617.0502 and 617.1509. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registerer office or registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation's board of directors. I hereby accept the approximent as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation's board of directors. I hereby accept the approximent as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation's board of directors. I hereby accept the approximent as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation's board of directors. I hereby accept the approximent as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation's board of directors. I hereby accept the approximent as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of section 617.0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the purpose of changing its registered agent, I am familiar with, and accept the obligations as above-named corporation submits this statement for the purpose of changing its registered agent, of the corporation |                |   |  |                             |  |                                      |  |                |             |                           |
| LYNCH, FRANCIS X 340 ROYAL POINCIANA PLAZA PALM BEACH FL 33480  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 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, and accept the obligations of, Section 617.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent in the familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (In the Companies) and the #application for the purpose of changing its registered agent signature mounts of registered agent signature mounts of the registered agent signature mounts of the purpose of changing its registered agent agent. I all the corporation's board of directors. I hereby accept the application and accept the obligations of, Section 617.0503, Part of the purpose of changing its registered agent. I all the corporation's board of directors. I hereby accept the application and accept the obligations of, Section 617.0503, Part of the purpose of changing its registered agent. I all the above and the #application of the purpose of changing its registered agent agent agent. I all the above and the #application of the purpose of changing its registered agent agent. I all the above and the #application of the purpose of changing its registered agent agent. I all the above and the #application of the purpose of changing its registered agent agent. I all the above and the #application of the purpose of changing its registered agent agent. I al | 24             | 25  | 29   | 30                          | <u>                                     </u> |                                      | Trust Fund Contribution Added to Fees      |                |             |                           |
| LYNCH, FRANCIS X 340 ROYAL POINCIANA PLAZA PALM BEACH FL 33480  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Purpasant to the provisions of Sections 617.0502 and 617.1509. Rondo Statutes, the above-named corporation submits this statement for the purpose of changing its registered or 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, it am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADD |                | 9. Name and Address of Current  | Regis  | stered Agent                |  |                                      | 10. Name and Address of New I              | Registered A   | gent        |                           |
| 340 ROYAL POINCIANA PLAZA PALM BEACH FL 33480  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 registere 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, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. NADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IN TILE  14. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IN TILE  15. NAME  16. HOTE: Registered Agent signature required when reinitating)  ANTE: Registered  |                |   |  |                             | [87]   | Name                                 |  |                |             | _                         |
| PALM BEACH FL 33480    State   | LYNCH, FI      | RANCIS X  |  |                             | 82   | Street Ad                            | dress (P.O. Box Number is Not Accept       | able)          |             |                           |
| PALM BEACH FL 33480  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 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 office or registered agent, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere office or registered agent, and accept the appointment as registered agent, and accept the appointment accept the appointment as registered agent, and accept the appointment accept the appointment accepts and accept the appointment accepts and accepts and accepts and accepts and accept |                |   |  |                             |  |                                      |  |                |             |                           |
| 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 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, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  TITLE  POT   DELETE   11 TITLE   DAME   12 NAME    A40 ROYAL POINCIANA PLAZA   1.3 STREET ADDRESS    CITY-ST-ZP PALM BEACH FL 33480   1.4 CITY-ST-ZP    PALM BEACH FL 33480   2.2 NAME    STREET ADDRESS   340 ROYAL POINCIANA PLAZA   2.3 STREET ADDRESS    CITY-ST-ZP PALM BEACH FL 33480   2.4 CITY-ST-ZP    HOLFELDER, JACKIE   3.1 TITLE   DELETE   3.1 TITLE    NAME   HOLFELDER, JACKIE   3.2 NAME    STREET ADDRESS   340 ROYAL POINCIANA PLAZA   3.5 STREET ADDRESS    CITY-ST-ZP PALM BEACH FL 33480   2.4 CITY-ST-ZP    TITLE   DELETE   3.1 TITLE   DELETE   3.1 TITLE   DELETE   DELETE    TITLE   DELETE   3.1 TITLE   DELETE   3.1 TITLE   DELETE   DELETE    TITLE   DELETE   3.1 TITLE   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE    TITLE   DELETE   3.1 TITLE   DELETE   DELETE  | PALM BEA       | ICH FL 33480  |  |                             | 83   |                                      |  |                |             |                           |
| 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, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  POT   |                | •   |  |                             | 84   | City                                 |  |                | 85 Zip      | Code                      |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's doard of directors. Thereby accept the application of agent, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE    Signature, hyear or printed name of registered agent and that if applicable. (NOTE: Registered Agent algorithms requirise when reinstating)  |                |   | _  |                             |  | -                                    |  | . –            | <u> </u>    | <del>,</del>              |
| Agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Stratutes.  SIGNATURE    Signature, hyew or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)   TITLE   | 11. Pursuant   | to the provisions of Sections 617.0502  | and 6  | 17.1508, Florida Statutes,  | the above                                    | e-named co                           | proporation submits this statement for the | purpose of o   | changing it | s registered<br>eaistered |
| SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE NAME HOLFELDER, AL STREET ADDRESS CITY-ST-ZIP NAME LYNCH, FRANCISX J STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE O DELETE STITLE O DELETE STITLE O Change Add Add Change Change Add Change C | office or n    | egistered agent, or both, in the State of<br>m familiar with, and accept the obligation | ons of   | , Section 617.0503, Florida | a Statutes                                   | uie corpora                          | stor's board of directors. Thoroby doco    | pt tilo appoin | in in ac    | <b>-9</b>                 |
| NOTE Registered agent and still at Explications   NOTE Registered Agent and still at Explications   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |                |   |  |                             |  |                                      | _  |                |             |                           |
| TITLE PDT DELETE 11 TITLE   Change   Add   NAME HOLFELDER, AL  | SIGNATURE      |   |  | <del></del>                 |  | t signature requ                     |  |                | DIDECT      | ODE IN 12                 |
| HOLFELDER, AL   12   13   STREET ADDRESS   14   CITY-ST-ZIP   TITLE  | 12.            |   | DIRE   |                             |  |                                      | ADDITIONS/CHANGES TO OF                    |                |             |                           |
| STREET ADDRESS   340 ROYAL POINCIANA PLAZA   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   TITLE   VPD   DELETE   2.1 TITLE   Change   Add   Add   CITY-ST-ZIP   Add   CITY   | TITLE          |   |  | ( DELETE                    |  | 1                                    |  |                | Change      | Addition                  |
| CITY-ST-ZIP  | NAME           | HOLFELDER, AL   |  |                             | 1.2 NAME                                     | Ì                                    |  |                |             |                           |
| TITLE  | STREET ADDRESS | 340 ROYAL POINCIANA PLAZA   |  |                             | 1.3 STREET                                   | ADDRESS                              |  |                |             |                           |
| NAME   | CITY-ST-ZIP    | PALM BEACH FL 33480   |  |                             | 1.4 CITY-S                                   | r-ZIP                                |  |                |             |                           |
| STREET ADDRESS   340 ROYAL POINCIANA PLAZA   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   PALM BEACH FL 33480   2.4 CITY-ST-ZIP  | TITLE          | VPD   |  | ☐ DELETE                    | 2.1 TITLE                                    | 14                                   |  |                | [_] Change  | Addition                  |
| CMTY-ST-ZIP  | NAME           | LYNCH, FRANCISX J   |  |                             | 2.2 NAME                                     | *                                    |  |                |             |                           |
| DELETE   SD   DELETE   S1 TITLE   Change   Add   | STREET ADORESS |   |  | -                           | 2.3 STREET                                   | ADDRESS                              | •  |                |             |                           |
| NAME HOLFELDER, JACKIE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE Change Add Change Ad | CITY-ST-ZIP    | PALM BEACH FL 33480   |  |                             | 2. 4 CITY- S                                 | T-ZIP                                |  |                |             |                           |
| STREET ADDRESS   340 ROYAL POINCIANA PLAZA   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   TITLE   Change   Add CITY-ST-ZIP   | TITLE          | SD  |  | ☐ DELET <b>E</b>            | 3.1 TITLE                                    |                                      |  |                | Change      | Addition                  |
| STREET ADDRESS   340 ROYAL POINCIANA PLAZA   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   TITLE   Change   Add CITY-ST-ZIP   | NAME           | HOLFELDER, JACKIE   |  |                             | 3.2 NAME                                     | 1                                    |  |                |             |                           |
| TITLE  | STREET ADDRESS |   |  |                             | 3.3 STREE1                                   | ADDRESS                              |  |                |             |                           |
| TITLE  | CITY-ST-ZIP    | PALM BEACH FL 33480   | _  |                             | 3.4. CITY-S                                  | T-ZIP                                |  |                |             |                           |
| STREET ADDRESS   4.3 STREET ADDRESS     4.4 CITY-ST-ZIP  |                |   |  | ☐ DELETE                    | 4.1 TITLE                                    |                                      |  |                | ☐ Change    | Addition                  |
| A4 CITY-ST-ZIP   | NAME           |   |  |                             | 4. 2 NAME                                    |                                      |  |                |             |                           |
| TITLE         DELETE         5.1 TITLE         Change         Add           NAME         5.2 NAME         5.3 STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         Change         Add           TITLE         DELETE         6.1 TITLE         Change         Add  | STREET ADDRESS |   |  |                             | 4.3 STREET                                   | ADDRESS                              |  |                |             |                           |
| NAME   | CITY-ST-ZIP    |   |  |                             | 4.4 CITY-S                                   | r-zip_                               |  |                |             |                           |
| STREET ADDRESS   |                |   |  | ☐ DELETE                    | 5.1 TITLE                                    |                                      |  |                | ☐ Change    | e 🔲 Addition              |
| STREE   ACRES  | NAME           |   |  |                             | 5.2 NAME                                     |                                      |  |                |             |                           |
| DELETE   6.1 TITLE   | STREET ADORESS |   |  |                             | 5.3 STREET                                   | ADDRESS                              |  |                |             |                           |
| TITLE DELETE 6.1 TITLE Change Add  | CITY-ST-ZIP    | ,   |  |                             | 5.4 CITY-S                                   | r-ZIP                                |  |                |             |                           |
| NAME 5 62 NAME   |                |   |  | ☐ DELETE                    | 6.1 TITLE                                    |                                      |  |                | Change      | Addition                  |
|  | NAME           |   |  |                             | 6.2 NAME                                     | }                                    |  |                |             |                           |
| STREET ADDRESS 6.3 STREET ADDRESS  |                |   |  |                             | 6.3 STREET                                   | ADDRESS                              |  |                |             |                           |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP  |                |   |  | İ                           | 6.4 CITY-S                                   | r-ZiP                                |  |                |             |                           |

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: