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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001302 (5)

1. Corporation Name
ARDENNE ALUMNI ASSOCIATION OF FLORIDA, INC.

Principal Place of Business 700 NORTH 66TH TERRACE HOLLYWOOD FL 33024	Mailing Address 700 NORTH 66TH TERRACE HOLLYWOOD FL 33024
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3. Date Incorporated or Qualified

03/07/1997

4. FEI Number

Applied For
☒ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KEANE, JUDITH
700 NORTH 66TH TERRACE
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE	P
NAME	GRANT, MICHAEL
STREET ADDRESS	1806 SW 99TH AVENUE
CITY-ST-ZIP	MIRAMAR FL
TITLE	V
NAME	LAKE, NORMAN
STREET ADDRESS	22502 SW 66TH AVENUE
CITY-ST-ZIP	BOCA RATON FL
TITLE	S
NAME	KEANE, JUDITH
STREET ADDRESS	700 NORTH 66TH TERRACE
CITY-ST-ZIP	HOLLYWOOD FL 33024
TITLE	T
NAME	TELFER, DALE
STREET ADDRESS	1380 NW 196TH TERRACE
CITY-ST-ZIP	MIAMI FL 4

☐ DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GRANT, MICHAEL	
1.3 STREET ADDRESS	1806 SW 99th Avenue	
1.4 CITY-ST-ZIP	Miramar, FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LAKE, NORMAN	
2.3 STREET ADDRESS	22502 SW 66th Avenue	
2.4 CITY-ST-ZIP	Boca Raton, FL	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KEANE, JUDITH	
3.3 STREET ADDRESS	700 North 66th Terrace	
3.4 CITY-ST-ZIP	Hollywood, FL 33024	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TELFER, DALE	
4.3 STREET ADDRESS	1360 NW 196th Terrace	
4.4 CITY-ST-ZIP	Miami, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 changed, or on an attachment with an address.

SIGNATURE: *Michael A Grant* MICHAEL A. GRANT

3/14/98 3055522093

CP2E037 (10/97)