


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90020 012 ****61.25

DOCUMENT # N99000000452	
1. Entity Name MIAMI NORLAND SENIOR HIGH SCHOOL ALUMNI ASSOCIATION, INC.	

Principal Place of Business 301 HOLLY LN PLANTATION FL 33317	Mailing Address 301 HOLLY LN PLANTATION FL 33317
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 65-0910820	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODMAN, BARBARA 301 HOLLY LN PLANTATION FL 33306	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME HOUSTON, MIMI	TITLE	NAME
STREET ADDRESS 2141 SW 52ND AVE.	CITY-ST-ZIP PLANTATION FL 33317	STREET ADDRESS	CITY-ST-ZIP
TITLE VD	NAME WEINSTEIN, RENEE	TITLE	NAME
STREET ADDRESS 4730 SW 62 WAY BG 4 202	CITY-ST-ZIP DAVIE FL 33314	STREET ADDRESS	CITY-ST-ZIP
TITLE S	NAME SIMON, SHELLEY B	TITLE	NAME
STREET ADDRESS 21431 HIGHLAND LAKES BLVD.	CITY-ST-ZIP N. MIAMI FL 33179	STREET ADDRESS	CITY-ST-ZIP
TITLE AT	NAME ROSS, PAULA	TITLE	NAME
STREET ADDRESS 2450 NE 202 ST.	CITY-ST-ZIP N. MIAMI BCH FL 33180	STREET ADDRESS	CITY-ST-ZIP
TITLE T	NAME GOODMAN, BARBARA	TITLE	NAME
STREET ADDRESS 301 HOLLY LANE	CITY-ST-ZIP PLANTATION FL 33317	STREET ADDRESS	CITY-ST-ZIP
TITLE Marianne Labell	NAME Marianne Labell	TITLE VP	NAME marianne Labell
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS 1251 NW 94 Ave	CITY-ST-ZIP Plantation, FL 33322

12. 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 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: Barbara B. Ross **1/31/04** **954 581 8394**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #