

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 08:00 AM
Secretary of State

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0910820	
5. Certificate of Status Desired ☐				\$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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOUSTON, MIMI 2141 SW 52ND AVE. PLANTATION FL 33317	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WEINSTEIN, RENEE 4730 SW 62 WAY BG 4 202 DAVIE FL 33314	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SIMON, SHELLEY B 21431 HIGHLAND LAKES BLVD. N. MIAMI FL 33179	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT ROSS, PAULA 2450 NE 202 ST. N. MIAMI BCH FL 33180	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GOODMAN, BARBARA 301 HOLLY LANE PLANTATION FL 33317	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LABELL, MARIANNE 1251 NW 94 AVE. PLANTATION FL 33322	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.			000000469519 03/24/06-80034-015 61.25		

SIGNATURE: *Barbara B. Goodman* **Barbara B. Goodman** 2/22/06 954 581 8394