## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000006737

Entity Name: TAU ALPHA CHAPTER OF TAU EPSILON PHI FRATERNITY

ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:** 

4284 SW 64 AVENUE DAVIE, FL 33314

**Current Mailing Address:** 

4284 SW 64 AVENUE DAVIE, FL 33314 US

**FEI Number: NOT APPLICABLE** 

Certificate of Status Desired: Yes

**FILED** Apr 08, 2019

**Secretary of State** 

0714525120CC

Name and Address of Current Registered Agent:

FEINMAN, STEVEN A ESQ. 4284 SW 64 AVENUE DAVIE, FL 33314 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title D

Name ROTH, MICHAEL Name FEINMAN, STEVEN A ESQ. Address 21175 BRAXFIELD LOOP Address 4284 SW 64 AVENUE City-State-Zip: ESTERO FL 33928-6212 City-State-Zip: DAVIE FL 33314

Title Title D

COMITER, ANDREW R ESQ. Name FREEDMAN, FREDERICK P ESQ. Name Address 3350 SW 148TH AVENUE, STE 110 Address 3801 PGA BLVD SUITE 604

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: MIRAMAR FL 33027

Title **DIRECTOR** Title DIRECTOR

Name LEVY-HARA, IVAN Name SNYDERMAN, RICHARD

Address **3141 NE 211TH STREET** 1900 TRAILWINDS DRIVE Address City-State-Zip: AVENTURA FL 33180 FORT MYERS FL 33907 City-State-Zip:

Title DIRECTOR Title **DIRECTOR** 

Name ZIFRONY, MATTHEW Z WAXMAN, SAM Name Address 110 SE 6TH STREET 5400 SOUTH UNIVERSITY DRIVE Address

**SUITE 1500** 104

City-State-Zip: FORTLAUDERDALE FL 33301 City-State-Zip: DAVIE FL 33328

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN A. FEINMAN

**DIRECTOR** 

04/08/2019

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name LEADER, MICHAEL D Name SCHULTZ, STEVE

Address 633 SOUTH ANDREWS AVE Address 15951 SW 41ST STREET

SUITE 201 SUITE 800

City-State-Zip: FORT LAUDERDALE, FL 33301 City-State-Zip: DAVIE FL 33331