

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006737

**Entity Name:** TAU ALPHA CHAPTER OF TAU EPSILON PHI FRATERNITY  
ALUMNI ASSOCIATION, INC.**FILED**  
**Apr 29, 2022**  
**Secretary of State**  
**3371470238CC****Current Principal Place of Business:**3201 GRIFFIN ROAD  
203  
DANIA BEACH, FL 33312**Current Mailing Address:**3201 GRIFFIN ROAD  
203  
DANIA BEACH, FL 33312 US**FEI Number: 84-3100079****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FEINMAN, STEVEN A ESQ.  
3201 GRIFFIN ROAD  
203  
DANIA BEACH, FL 33312 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** DIRECTOR  
**Name** ROTH, MICHAEL  
**Address** 910 QUAYE LAKE CIRCLE  
107  
**City-State-Zip:** WELLINGTON FL 33411**Title** DIRECTOR  
**Name** FEINMAN, STEVEN A ESQ.  
**Address** 3201 GRIFFIN ROAD  
203  
**City-State-Zip:** DANIA BEACH FL 33312**Title** DIRECTOR  
**Name** LEVY-HARA, IVAN  
**Address** 3141 NE 211TH STREET  
**City-State-Zip:** AVENTURA FL 33180**Title** DIRECTOR  
**Name** WAXMAN, SAM  
**Address** 5400 SOUTH UNIVERSITY DRIVE  
104  
**City-State-Zip:** DAVIE FL 33328**Title** DIRECTOR  
**Name** ZIFRONY, MATTHEW Z  
**Address** 110 SE 6TH STREET  
SUITE 1500  
**City-State-Zip:** FORTLAUDERDALE FL 33301**Title** DIRECTOR  
**Name** LEADER, MICHAEL D  
**Address** 633 SOUTH ANDREWS AVE  
SUITE 201  
**City-State-Zip:** FORT LAUDERDALE, FL 33301**Title** DIRECTOR  
**Name** SCHULTZ, STEVE  
**Address** 15951 SW 41ST STREET  
SUITE 800  
**City-State-Zip:** DAVIE FL 33331**Title** DIRECTOR  
**Name** SCHOONOVER, SOLOMON  
**Address** 121 NE 3RD STREET  
**City-State-Zip:** FORT LAUDERDALE FL 33301**Continues on page 2**

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****04/29/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	SWILL, JONATHAN
Address	99 E MIZNER BLVD
City-State-Zip:	BOCA RATON FL 33432