

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006737

**Entity Name:** TAU ALPHA CHAPTER OF TAU EPSILON PHI FRATERNITY  
ALUMNI ASSOCIATION, INC.**FILED**  
**Apr 28, 2023**  
**Secretary of State**  
**1265785734CC****Current Principal Place of Business:**3325 GRIFFIN ROAD  
6  
DANIA BEACH, FL 33312**Current Mailing Address:**3325 GRIFFIN ROAD  
6  
DANIA BEACH, FL 33312 US**FEI Number: 84-3100079****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**FEINMAN, STEVEN A ESQ.  
3325 GRIFFIN ROAD  
6  
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** 13758 SW HERON SHORES ROAD  
**City-State-Zip:** PORT ST. LUCIE FL 34987**Title** DIRECTOR  
**Name** LEVY-HARA, IVAN  
**Address** 3141 NE 211TH STREET  
**City-State-Zip:** AVENTURA FL 33180**Title** DIRECTOR  
**Name** LEADER, MICHAEL D  
**Address** 633 SOUTH ANDREWS AVE  
SUITE 201  
**City-State-Zip:** FORT LAUDERDALE, FL 33301**Title** DIRECTOR  
**Name** SCHILLER, GEOFF  
**Address** 25 HOME ROAD  
**City-State-Zip:** TENAFLY NJ 07670**Title** DIRECTOR  
**Name** FEINMAN, STEVEN A ESQ.  
**Address** 3325 GRIFFIN ROAD  
6  
**City-State-Zip:** DANIA BEACH FL 33312**Title** DIRECTOR  
**Name** ZIFRONY, MATTHEW Z  
**Address** 110 SE 6TH STREET  
SUITE 1500  
**City-State-Zip:** FORTLAUDERDALE FL 33301**Title** DIRECTOR  
**Name** SCHULTZ, STEVE  
**Address** 15951 SW 41ST STREET  
SUITE 800  
**City-State-Zip:** DAVIE FL 33331**Title** DIRECTOR  
**Name** ALBERT, KEVIN  
**Address** 2488 FAIR AVE.  
**City-State-Zip:** COLUMBUS OH 43209**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 ALLYN FEINMAN****DIRECTOR****04/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	GOLDSTEIN, JAY
Address	804 BEDFORD OAKS DRIVE
City-State-Zip:	MARIETTA GA 30068