

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001437

**Entity Name:** CLARENDON COLLEGE ALUMNI ASSOCIATION, INC. SOUTH  
FLORIDA CHAPTER**FILED**  
**Jan 21, 2020**  
**Secretary of State**  
**6021320538CC****Current Principal Place of Business:**9011 NORTH LAKE MIRAMAR CIRCLE  
MIRAMAR, FL 33025**Current Mailing Address:**P.O. BOX 245365  
PEMBROKE PINES, FL 33024 US**FEI Number: 65-0901204****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WILLIAMS, ILEEN  
800 NE 195 STREET  
SUITE 404  
MIAMI, FL 33179 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: ILEEN WILLIAMS****01/21/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	WILLIAMS, ILEEN
Address	P.O. BOX 245365
City-State-Zip:	PEMBROKE PINES FL 33024

Title	TD
Name	HENRIQUES, LORNA
Address	2330 MONTEGO DRIVE
City-State-Zip:	MIRAMAR FL 33023

Title	ATD
Name	SCOTT, WOODROW
Address	9011 NORTH LAKE MIRAMAR CIRCLE
City-State-Zip:	MIRAMAR FL 33025

Title	VP
Name	POLACK, SONIA
Address	6300 ETHAN DR
City-State-Zip:	LAKE WORTH FL 33467

*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: LORNA HENRIQUES****TREASURER****01/21/2020**

Electronic Signature of Signing Officer/Director Detail

Date