


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90023 032 ****61.25

DOCUMENT # 707680
 1. Entity Name
LANTANA ATHLETIC ASSOCIATION INC



Principal Place of Business: **1251 LANTANA RD. LANTANA FL 33462**
 Mailing Address: **P.O. BOX 3166 LANTANA FL 33462**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____



MOORE CR2E037 (11/03)

4. FEI Number: **59-2226451**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WRIGHT, JEANETTE
4576 WENHART RD.
LAKE WORTH FL 33463

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	
TITLE: PD NAME: GONZALEZ, CARLOS STREET ADDRESS: 5048 LANTANA RD APT 50205 CITY-ST-ZIP: LAKE WORTH FL 33463	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: WALSH, GREGORY STREET ADDRESS: 1836 FINN HILL DRIVE CITY-ST-ZIP: BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: WRIGHT, JEANETTE STREET ADDRESS: 4576 WENHART RD. CITY-ST-ZIP: LAKE WORTH FL 33463	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: ZIOMEK, THOMAS STREET ADDRESS: 6314 C. DURHAM DRIVE CITY-ST-ZIP: LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: ATKINSON, PAUL STREET ADDRESS: 3931 KEWANEE ROAD CITY-ST-ZIP: LANTANA, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Thomas E. Ziomel **THOMAS E. ZIOMEK** Date: 2/16/04 Daytime Phone #: 561-649-3958