

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # 707680**

1. Entity Name  
LANTANA ATHLETIC ASSOCIATION INC



FILED  
06 JUL -6 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1251 LANTANA RD.  
LANTANA, FL 33462

Mailing Address  
P.O. BOX 3166  
LANTANA, FL 33462

2. Principal Place of Business  
1251 Lantana Rd  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 3166  
Suite, Apt. #, etc.

City & State  
Lantana, FL


City & State  
Lantana, FL

Zip  
33462

Country  
US

Zip  
33462

Country  
US



06262006 REIN-NP CR2E099 (11/05) 05-06

6. Name and Address of Current Registered Agent

WRIGHT, JEANETTE  
4576 WENHART RD.  
LAKE WORTH, FL 33463

4. FEI Number  
59-2226451

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name Raffaella Liuzzo-Mazzocchi

Street Address (P.O. Box Number is Not Acceptable)  
125 Buttonwood Circle

City Boynton Beach FL Zip Code 33436

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 Raffaella Liuzzo-Mazzocchi DATE 6-26-06

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

**FILE NOW!!! FEE IS \$297.50**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZIOMEK, THOMAS 6314 C DURHAM DR. LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Lewis B Cook Jr. 821 S. Arnold Avenue Lantana FL 33462 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ATKINSON, PAUL 3931 KEWANES RD. LAKE WORTH, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Paul Atkinson 3931 Kewanee Rd. Lake Worth, FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WRIGHT, JEANETTE 4576 WENHART RD. LAKE WORTH, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Raffaella Liuzzo-Mazzocchi 125 Buttonwood Circle Boynton Beach FL 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>[Signature]</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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: Raffaella Liuzzo-Mazzocchi Date 6-26-06 Daytime Phone # 306327275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR