

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90033 046 ***150.00

DOCUMENT # 734523 1. Entity Name PLANTATION ATHLETIC LEAGUE, INC.					
Principal Place of Business P.O. BOX 16303 PLANTATION, FL 33318			Mailing Address P.O. BOX 16303 PLANTATION, FL 33318		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 23-7049795	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent JOHN S. BUSH 8181 W. BROWARD BLVD. SUITE 350 FORT LAUDERDALE, FL 33324			7. Name and Address of New Registered Agent Name PAUL F. SCHNEIDER Street Address (P.O. Box Number is Not Acceptable) 9860 PETERS ROAD P-110 City PLANTATION FL 33324		
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 PAUL F. SCHNEIDER <i>[Signature]</i> 1/10/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENWOOD, JO ANN 7741 NW 13TH COURT PLANTATION, FL 33321	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GENEROTTI, E.J. 4120 SW 1ST CT PLANTATION, FL 33317	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOUIS, RUSSELL 7388 SW 9TH COURT PLANTATION, FL 33317	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KRAKOWER, EVAN 461 NW 108 AVE PLANTATION, FL 33324	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: <i>[Signature]</i> 1/8/08 954 4230685 Signature and typed or printed name of signing officer or director		