

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 737910	
1. Entity Name NATIONAL ASSOCIATION OF JAI-ALAI FRONTONS, INC.	

Principal Place of Business 301 E DANIA BEACH BLVD. P.O. BOX 96 DANIA, FL 33004	Mailing Address 301 E DANIA BEACH BLVD. P.O. BOX 96 DANIA, FL 33004
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03062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1714817	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SNYDER, STEPHEN F.
301 E DANIA BCH BLVD.
DANIA, FL 33004

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOPER, HORT 203 SE 1ST ST FT LAUD, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SNYDER, STEPHEN F 301 E DANIA BCH BLVD. DANIA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KNOX, DANIEL R. 301 E DANIA BCH BLVD. DANIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLETT, JR. B 1750 KINGS HWY FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/25/05-80052-010 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3-23-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #