

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90655 010 ****61.25

DOCUMENT # 753629	
1. Entity Name PALM HARBOR RECREATION LEAGUE, INC.	

Principal Place of Business 1631 9 ST. P.O. BOX 951 PALM HARBOR, FL 34683	Mailing Address 1631 9 ST. P.O. BOX 951 PALM HARBOR, FL 34683
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2. Principal Place of Business 1500 16TH STREET	3. Mailing Address 1500 16TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PALM HARBOR, FL	City & State PALM HARBOR, FL
Zip 34683	Zip 34683
Country USA	Country USA

04232004 Chg-NP CR2E037 (10/03)



4. FEI Number 59-2429829	Applied For ☐
	Not Applicable ☐

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GAGILIARDO, BENJAMIN J. 660 SANDY HOOK RD. PALM HARBOR, FL 33563	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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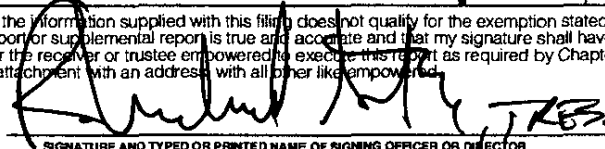
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MICHAEL 2197 BRENT PLACE PALM HARBOR, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GAGLIARDO, BENJAMIN J. 660 SANDY HOOK RD. PALM HARBOR, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOWNES, JOHN 803 SPARROW AVE. PALM HARBOR, FL 0, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 	Date 4/28/2004	Daytime Phone # (727) 726-8725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		