2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 753629

1. Entity Name
PALM HARBOR RECREATION LEAGUE, INC.

Principal Place of Business	Mailing Address
1500 16TH STREET PALM HARBOR, FL 34683 US	1500 16TH STREET PALM HARBOR, FL 34683 US

04052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GAGILIARDO, BENJAMIN J.
660 SANDY HOOK RD.
PALM HARBOR, FL 33563

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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 _____ DATE
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	SMITH, MICHAEL
STREET ADDRESS	2197 BRENT PLACE
CITY-ST-ZIP	PALM HARBOR, FL
TITLE	PD
NAME	GAGLIARDO, BENJAMIN J.
STREET ADDRESS	660 SANDY HOOK RD.
CITY-ST-ZIP	PALM HARBOR, FL
TITLE	D
NAME	DOWNES, JOHN
STREET ADDRESS	803 SPARROW AVE.
CITY-ST-ZIP	PALM HARBOR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/08/05-80059-005 61.25

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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)(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: R. Michael Smith 4, T/A 4/5/2005 (727) 726-8725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #