

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N24620** (9)

1. Corporation Name

**ORLANDO YOUTH HOCKEY ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**8104 HOOK CIRCLE 9466 Wickham Way**  
**ORLANDO FL 32836 Orlando, FL 32836**  
US:

**1335 ALFONZO CIRCLE**  
**WINTER SPRINGS FL 32708**

2. Principal Place of Business

2a. Mailing Address

21 **9466 Wickham Way**

26 **9466 Wickham Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Orlando, FL 32836**

27 **Orlando, FL 32836**

City & State

City & State

23 **Orlando Florida**

28 **Orlando, Florida**

Zip

Country

Zip

Country

24 **32836**

25 **Orange**

29 **32836**

30 **Orange**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMONINI, ROBERT**  
**9466 WICKHAM WAY**  
**ORLANDO FL 32803-6**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Robert R Simonini**

**Robert R Simonini**

**2/17/96**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **MARCEL CASTINE**  
STREET ADDRESS **821 SLEEPY COURT**  
CITY-ST-ZIP **CASSELBERRY FL**

TITLE **TD** ☒ DELETE  
NAME **GUIDO, PAULA**  
STREET ADDRESS **8104 HOOK CIRCLE**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **SD** ☒ DELETE  
NAME **O'TOOLE, SANDRA**  
STREET ADDRESS **6320 EDGE-O-GROVE CIR.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **VD** ☐ DELETE  
NAME **ROBERTS, DAN**  
STREET ADDRESS **1335 ALFONZO CIR.**  
CITY-ST-ZIP **WINTER SPGS. FL**

TITLE **ATD** ☐ DELETE  
NAME **CIRINGIONE, ANITA**  
STREET ADDRESS **1454 COVE HILL CT.**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE **CSD** ☐ DELETE  
NAME **ANTHONY, DOT**  
STREET ADDRESS **167 DUNDAN TRAIL**  
CITY-ST-ZIP **LONGWOOD FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TREASURER** ☐ Change ☒ Addition  
1.2 NAME **Robert Simonini**  
1.3 STREET ADDRESS **9466 Wickham Way**  
1.4 CITY-ST-ZIP **Orlando, FL 32836**

2.1 TITLE **Registrar** ☐ Change ☒ Addition  
2.2 NAME **Lori Forrest**  
2.3 STREET ADDRESS **1012 California Creek Drive**  
2.4 CITY-ST-ZIP **Orlando, Florida 32765**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert R. Simonini**

**Robert R Simonini**

**2/17/96**

(407)

**281-6830**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)