

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24620

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** ORLANDO YOUTH HOCKEY ASSOCIATION, INC.

**Current Principal Place of Business:**

8701 MAITLAND SUMMIT BLVD.  
ORLANDO, FL 328105915 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 948571  
MAITLAND, FL 327948571 US

**New Mailing Address:**

**FEI Number:** 65-0075258      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KRETZMAN, TREVOR J  
124 DIRKSEN DR  
DEBARY, FL 32713 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: ZUCKERMAN, GREGG  
Address: 3838 LOWER UNION ROAD  
City-St-Zip: ORLANDO, FL 32814 US

Title: T/D ( ) Delete  
Name: PIERSON, RICK  
Address: 1301 SWEETWATER CLUB BLVD  
City-St-Zip: LONGWOOD, FL 32779 US

Title: VP/D ( ) Delete  
Name: FILASKI, ROBERT  
Address: 1709 INVERNESS CT  
City-St-Zip: LONGWOOD, FL 32779 US

Title: R/D ( ) Delete  
Name: KRETZMAN, TREVOR  
Address: 124 DIRKSEN DRIVE  
City-St-Zip: DEBARY, FL 32713 US

Title: S/D ( ) Delete  
Name: SMANT, PAMELA  
Address: 2848 ASHTON TERRACE  
City-St-Zip: OVIEDO, FL 32765 US

Title: C/D ( ) Delete  
Name: HAVERSTROM, JAMES  
Address: 8666 WELLINGTON LOOP  
City-St-Zip: KISSIMMEE, FL 34747 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP/D (X) Change ( ) Addition  
Name: PRONKO, PETER  
Address: 409 SATSUMA DRIVE  
City-St-Zip: SANFORD, FL 32771 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA SMANT

S/D

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date