


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000005543 (3)**

1. Corporation Name

WESTERN COMMUNITIES FOOTBALL LEAGUE, INC.

Principal Place of Business

**12783-A WEST FOREST HILL BLVD.
WELLINGTON FL 33414**

Mailing Address

**C/O FL EAST COAST DEV INC
13833 E 14 WELLINGTON TRACE
WELLINGTON FL 33414
US**



3. Date Incorporated or Qualified

11/09/1994

4. FEI Number

65-0525236

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **12783A Forest Hill Blvd**

22 City & State

27 **Wellington FL.**

23 Zip

Country

28 Zip

Country

24 **25** **29** **33414** **30** **USA**

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PICONCELLI, JOSEPH
13833 E-14 WELLINGTON TRACE
WELLINGTON FL 33414**

81 Name

Piconcelli, Joseph

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

12783A Forest Hill Blvd

83

Wellington, FL

84 City

FL

85 Zip Code

33414

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

Joseph Piconcelli

Joseph Piconcelli, Pres.

1/9/98

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D** **PICONCELLI, JOSEPH**
STREET ADDRESS **13833 E-14 WELLINGTON TRACE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☒ DELETE

NAME **D** **KOLP, DAVID**
STREET ADDRESS **860 DAFFODIL DR**
CITY-ST-ZIP **WELLINGTON FL**

TITLE ☒ DELETE

NAME **D** **SCHRECEGUST, RICHARD**
STREET ADDRESS **4270 ROYAL PALM BLVD**
CITY-ST-ZIP **ROYAL PALM BCH FL**

TITLE ☐ DELETE

NAME **D** **CHAPA, JOE**
STREET ADDRESS **13824-C YARMOUTH DRIVE**
CITY-ST-ZIP **WELLINGTON FL**

TITLE ☒ DELETE

NAME **D** **SHOP, JOHN**
STREET ADDRESS **17747 47TH COURT NORTH**
CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE ☒ DELETE

NAME **D** **GOODFELLOW, TONY**
STREET ADDRESS **1055 RAINTREE LANE**
CITY-ST-ZIP **WEST PALM BEACH FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D **Piconcelli, Joseph** ☒ Change ☐ Addition

12783A Forest Hill Blvd.
Wellington, FL 33414

D **Yacobellis, Ramon** ☐ Change ☒ Addition

13265 11TH LANE N
LOXAHATCHEE, FL 33470

D **Kirstein, IV, Arthur** ☐ Change ☒ Addition

10755 Kingsway Road
Wellington, FL 33414

D **Mercado, Joseph** ☐ Change ☒ Addition

17085 31ST RD N.
LOXAHATCHEE, FL 33470

D **Druker, Mike** ☐ Change ☒ Addition

113 Saratoga Blvd - West
Royal Palm Beach, FL 33411

14. 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 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:

Joseph Piconcelli

Joseph Piconcelli, Pres.

Date

Daytime phone # 0081212

CR2E037 (10/97)