

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007847

**Entity Name:** COCONUT CREEK GIRLS SOFTBALL INC.

**Current Principal Place of Business:**

5379 LYONS RD. PMB #126  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

5379 LYONS RD. PMB #126  
COCONUT CREEK, FL 33073 US

**FEI Number: 27-0737594**

**Certificate of Status Desired: No**

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

DUME, OMAR A  
4744 NW 57TH PL  
COCONUT CREEK, FL 33073 US

*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: OMAR DUME**

**01/03/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name SACCA, MICHAEL  
Address 4832 NW 54TH AVE  
City-State-Zip: COCONUT CREEK FL 33073

Title SECRETARY  
Name SMITH, MARIE  
Address 3714 CORAL TREE CIRCLE  
City-State-Zip: COCONUT CREEK FL 33073

Title VP  
Name DUME, OMAR  
Address 4744 NW 57TH PLACE  
City-State-Zip: COCONUT CREEK FL 33073

Title OFFICER  
Name SILVIA, JOE  
Address 4410 NW 10TH ST  
City-State-Zip: COCONUT CREEK FL 33066

Title TREASURER  
Name FILIPPONE, RITA  
Address 4223 NW 66 DRIVE  
City-State-Zip: COCONUT CREEK FL 33073

Title OFFICER  
Name MARQUES, MELANIE  
Address 8780 AZALEA COURT  
City-State-Zip: TAMARAC FL 33321

*I hereby 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 all other like empowered.*

**SIGNATURE: OMAR DUME**

**VP**

**01/03/2017**

Electronic Signature of Signing Officer/Director Detail

Date