

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001981

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC6588150617**

**Entity Name:** FLORIDA HIGH SCHOOL HOCKEY ASSOCIATION, INC.

**Current Principal Place of Business:**

16704 TOBACCO RD  
LUTZ, FL 33558

**Current Mailing Address:**

16704 TOBACCO RD.  
LUTZ, FL 33558 US

**FEI Number:** 27-2744221

**Certificate of Status Desired:** Yes

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

GUARD, THOMAS W  
16704 TOBACCO RD.  
LUTZ, FL 33558 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title OFFICER, DIRECTOR  
Name BUBLEY, DAN  
Address 3820 NORTHDAL BLVD., SUITE 312  
City-State-Zip: TAMPA FL 33624

Title VP, DIRECTOR  
Name GUARD, THOMAS W  
Address 3103 W. FAIR OAKS AVE.  
City-State-Zip: TAMPA FL 33611

Title DIRECTOR  
Name RIEGLER, LINDA  
Address 914 CENTERBROOK DR.  
City-State-Zip: BRANDON FL 33511

Title T D  
Name CARL, FRASSE  
Address 16621 ASHTON GREEN DR  
City-State-Zip: LUTZ FL 33558

Title VP, DIRECTOR  
Name MAHLOCK, BRUCE  
Address 3866 ALLENWOOD ST  
City-State-Zip: SARASOTA FL 34232

Title PRESIDENT  
Name DE LA PAZ, ED DR.  
Address 1017 MISTY HOLLOW LN.  
City-State-Zip: TARPON SPRINGS FL 34688

Title VP, DIRECTOR  
Name GRIECO, STEVEN  
Address 18144 REGENTS SQUARE DRIVE  
City-State-Zip: TAMPA FL 33647

Title DIRECTOR  
Name BRADLEY, BRIAN  
Address 401 CHANNELSIDE DRIVE  
City-State-Zip: TAMPA FL 33602

**Continues on page 2**

*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:** CARL FRASSE

**TREASURER**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SUTHERLAND, JULIE  
Address        1011 SONATA LN.  
City-State-Zip: APOLLO BEACH FL 33572