

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000009953

**FILED**  
**Mar 25, 2024**  
**Secretary of State**  
**9707280453CC**

**Entity Name:** FORT LAUDERDALE TOUCH, INC.

**Current Principal Place of Business:**

C/O 19501 NE 10TH AVE  
SUITE 205  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

C/O 19501 NE 10TH AVE  
SUITE 205  
NORTH MIAMI BEACH, FL 33179 US

**FEI Number:** 45-3153300

**Certificate of Status Desired:** No

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

BOONZAIR, ANTON  
C/O 19501 NE 10TH AVE  
SUITE 205  
NORTH MIAMI BEACH, FL 33179 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:** ANTON BOONZAIR

03/25/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HILL, DERRICK MASON  
Address        C/O 19501 NE 10TH AVE  
                  SUITE 205  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title            VP  
Name            CARLSON, ZACHARY  
Address        C/O 19501 NE 10TH AVE  
                  SUITE 205  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title            TREA  
Name            BOONZAIR, ANTON  
Address        C/O 19501 NE 10TH AVE  
                  STE 205  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title            TOURNAMENT CHAIRWOMAN  
Name            LUMSDEN-MCAULEY, KATHLEEN LEE  
Address        C/O 19501 NE 10TH AVE  
                  SUITE 205  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title            ASST. SECRETARY  
Name            KIDD, ANTON  
Address        C/O 19501 NE 10TH AVE  
                  SUITE 205  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title            SOCIAL CHAIRPERSON  
Name            LYNCH, AMY ELIZABETH  
Address        C/O 19501 NE 10TH AVE  
                  SUITE 205  
City-State-Zip: NORTH MIAMI BEACH FL 33179

*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:** ANTON BOONZAIR

**TREASURER**

03/25/2024

Electronic Signature of Signing Officer/Director Detail

Date