

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

DOCUMENT# N16000005197

**Entity Name:** FLORIDA ACES LACROSSE, INC.

**Current Principal Place of Business:**

11630 LAUREL VALLEY CIRCLE  
WELLINGTON, FL 33411

**Current Mailing Address:**

11630 LAUREL VALLEY CIRCLE  
WELLINGTON, FL 33411 US

**FEI Number:** 81-2809447

**Certificate of Status Desired:** No

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

KENNEL, MICHAEL C  
11126 STONE CREEK ST  
WELLINGTON, FL 33449 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:** MICHAEL KENNEL

04/15/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BLOUIN, DAVE  
Address        11630 LAUREL VALLEY CIRCLE  
City-State-Zip: WELLINGTON FL 33411

Title            T  
Name            HERNANDEZ, JOHNNY  
Address        12436 54TH STREET  
City-State-Zip: WEST PALM BEACH FL 33411

Title            S  
Name            CERASUOLO, JOSEPH  
Address        2593 YARMOUTH DR  
City-State-Zip: WELLINGTON FL 33414

Title            VP  
Name            ALLEN, BILLY  
Address        12436 54TH STREET  
City-State-Zip: WEST PALM BEACH FL 33411

Title            D  
Name            KENNEL, MICHAEL  
Address        11126 STONE CREEK ST  
City-State-Zip: WELLINGTON FL 33449

*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:** MICHAEL KENNEL

**D/ REGISTERED AGENT**

04/15/2017

Electronic Signature of Signing Officer/Director Detail

Date