

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002783

FILED
Apr 13, 2005
Secretary of State

Entity Name: PEMBROKE PINES THUNDER OPTIMIST HOCKEY CLUB, INC.

Current Principal Place of Business:

1700 N. DYKE RD
PEMBROKE PINES, FL 33228

New Principal Place of Business:

Current Mailing Address:

P O BOX 822865
PEMBROKE PINES, FL 33082

New Mailing Address:

FEI Number: 91-2147278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TREBLAY, PAUL
16133 NW 14 COURT
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

HECHT, GARY
3882 SW 171 AVE
MIRAMAR, FL 33027 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: GARY HECHT

04/13/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: TREMBLAY, PAUL
Address: 16133 NW 14 COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S () Delete
Name: SPOTTS, KATHY
Address: 1875 NW 128 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: GREGORIO, JIM
Address: 14910 NEWCASTLE LANE
City-St-Zip: DAVIE, FL 33331

Title: VD () Delete
Name: FEINSTEIN, FRED
Address: 19838 SW 3RD PLACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: PD () Delete
Name: BAUMANN, ANDREW
Address: 7211 SW 39 COURT
City-St-Zip: DAVIE, FL 33314

Title: VD () Delete
Name: KAPOSSY, RICK
Address: 20820 NW 1ST STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: TREMBLAY, PAUL
Address: 16133 NW 14 COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GARY HECHT

TD

04/13/2005

Electronic Signature of Signing Officer or Director

Date