

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007090

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: TREASURE COAST SOCCER LEAGUE, INC.

## Current Principal Place of Business:

8949 SE BRIDGE RD  
#220  
HOBE SOUND, FL 33455 US

## New Principal Place of Business:

## Current Mailing Address:

8949 SE BRIDGE RD  
#220  
HOBE SOUND, FL 33455 US

## New Mailing Address:

FEI Number: 77-0595761      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SEMENTELLI, ANTHONY  
8949 SE BRIDGE RD  
#220  
HOBE SOUND, FL 33455 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SEMENTELLI, ANTHONY  
Address: 8949 SE BRIDGE RD #220  
City-St-Zip: HOBE SOUND, FL 33455 US

Title: DV ( ) Delete  
Name: WILLIS, MICHAEL  
Address: 204 NE BLAIRWOOD TRACE  
City-St-Zip: JENSEN BEACH, FL 34957 US

Title: DT ( ) Delete  
Name: LENTZ, KAREN  
Address: 1944 SW GLENCO  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: DPP ( ) Delete  
Name: SHEKAILO, LORIE  
Address: 8949 SE BRIDGE RD #220  
City-St-Zip: HOBE SOUND, FL 33455 US

Title: DS ( ) Delete  
Name: WOLL, KATHLEEN  
Address: 8176 SE PALM ST  
City-St-Zip: HOBE SOUND, FL 33455

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change ( ) Addition  
Name: GITLIN, STEVE  
Address: 195 SW UNEEDA PLACE  
City-St-Zip: PORT ST LUCE, FL 34953 US

Title: DT (X) Change ( ) Addition  
Name: KALAMENT, THOMAS  
Address: 620 SE PICASSO AVE  
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 exemption stated in Chapter 119, 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: KATHY WOLL

SD

04/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date