


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State -

DOCUMENT # N02000007121
 1. Entity Name
 PARKLAND PREDATOR SOCCER, INC.



Principal Place of Business 5355 TOWN CENTER RD 801 BOCA RATON, FL 33486 US	Mailing Address 5355 TOWN CENTER RD 801 BOCA RATON, FL 33486 US
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DO NOT WRITE IN THIS SPACE



02182004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNAY, GARY S
 5355 TOWN CENTER RD
 801
 BOCA RATON, FL 33486

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000059110
 02/20/04-80068-005 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHIFO, DANNY 5510 NW 57TH WAY CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LASLOWIC, DODIE 8400 TROTTERS LANE PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DUNAY, GARY S 5355 TOWN CENTER RD BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MENENDEZ, ROBERT 7718 NW 63RD WAY PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 2/18/04 Daytime Phone #: 561-368-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR