

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90051 035 \*\*\*\*70.00

**DOCUMENT # N05000000986**

1. Entity Name  
CYPRESS BAY GIRLS LACROSSE, INC.



Principal Place of Business  
1001 SHADYSIDE LANE  
WESTON, FL 33327

Mailing Address  
1001 SHADYSIDE LANE  
WESTON, FL 33327

00011366



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

300447380

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

JAKUBCZYK, STEVEN L  
1001 SHADYSIDE LANE  
WESTON, FL 33327

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

## 7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME JAKUBCZYK, STEVEN L  
STREET ADDRESS 1001 SHADYSIDE LANE  
CITY-ST-ZIP WESTON, FL 33327

TITLE VP ☐ Delete  
NAME ECHEMENDIA, RIGOBERTO  
STREET ADDRESS 1397 CAMELLIA CIRCLE  
CITY-ST-ZIP WESTON, FL 33169

TITLE SEC ☐ Delete  
NAME ROMAGNI, ELENA  
STREET ADDRESS 553 SLIPPERY ROCK ROAD  
CITY-ST-ZIP WESTON, FL 33327

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 170 Bonaventure Blvd #112  
STREET ADDRESS Weston, FL 33324  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the redever 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:**

*Elena Romagni, Sec* 2/1/06 (954) 424-1440  
(954) 309-2243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #