

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90019 009 \*\*\*\*70.00

**DOCUMENT # N05000005067**

1. Entity Name  
**CORAL SPRINGS H.S. LACROSSE CLUB INC.**



Principal Place of Business  
**8700 NW 49TH DRIVE  
CORAL SPRINGS, FL 33067**

Mailing Address  
**8700 NW 49TH DRIVE  
CORAL SPRINGS, FL 33067**

40041011



0112006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**76-0792376**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NARDONE, CHRISTOPHER  
8700 NW 49TH DRIVE  
CORAL SPRINGS, FL 33067**

Name

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

City

**FL**

Zip Code

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 **NARDONE, MADELINE**  
STREET ADDRESS **8700 NW 49TH DRIVE**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33067**

TITLE **V** ☐ Delete  
NAME **FORD, MARTIN**  
STREET ADDRESS **6760 NW 44TH STREET**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33067**

TITLE **T** ☐ Delete  
NAME **NARDONE, CHRISTOPHER**  
STREET ADDRESS **8700 NW 49TH DRIVE**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33067**

TITLE **S** ☒ Delete  
NAME **NICOLL, HELEN**  
STREET ADDRESS **4848 NW 89TH TERRACE**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33067**

TITLE **V** ☐ Delete  
NAME **LINDSEY, RAYETTA**  
STREET ADDRESS **4020 NW 61ST WAY**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33067**

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  
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CITY-ST-ZIP

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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 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

**CHRISTOPHER NARDONE**

**3/12/06**

**954-344-1357**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #