

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

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**



01162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

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IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/19/07-80007-002 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/07
Date

954-344-1357
Daytime Phone #

CHRISTOPHER NARDONE