

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90410 020 ****61.25

DOCUMENT # N05000009264

1. Entity Name
HOCKEY GROUP OF SOUTH FLORIDA, INC.



Principal Place of Business
**PO BOX 936621
MARGATE, FL 33093 US**

Mailing Address
**PO BOX 936621
MARGATE, FL 33093 US**

50012707



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number ☒ 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

7. Name and Address of New Registered Agent

**WALSH, STEPHANIE J
3597 COCO PLUM CIRCLE
COCONUT CREEK, FL 33063**

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

Stephanie J. Walsh

4/12/06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **DIR**
STREET ADDRESS **WALSH, STEPHANIE J**
CITY-ST-ZIP **3597 COCO PLUM CIRCLE
COCONUT CREEK, FL 33063**

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

TITLE ☐ Delete
NAME **DIR**
STREET ADDRESS **WALSH, JIM**
CITY-ST-ZIP **PO BOX 936621
MARGATE, FL 33093**

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

TITLE ☐ Delete
NAME **DIR**
STREET ADDRESS **DOMINGO, KIRSTEN M**
CITY-ST-ZIP **3681 TURTLE RUN BLVD APT 1123
CORAL SPRINGS, FL 33067**

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

TITLE ☐ Delete
NAME **DIR**
STREET ADDRESS **OTA, KAREN L**
CITY-ST-ZIP **231 NW 53RD STREET
FT LAUDERDALE, FL 33309**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D Wendy L Ings**
STREET ADDRESS **2407 Coolidge Street**
CITY-ST-ZIP **Hollywood, FL 33020**

TITLE ☐ Delete
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 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:

Stephanie J. Walsh

4/12/06

954 973-2931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #