

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000003677

1. Entity Name  
SOUTH FLORIDA WOMEN'S LACROSSE UMPIRE  
ASSOCIATION, INC.



Principal Place of Business  
11714 DUNES RD  
BOYNTON BEACH, FL 33436

Mailing Address  
11714 DUNES RD  
BOYNTON BEACH, FL 33436

**FILED**  
**Jul 18, 2008 08:00 AM**  
**Secretary of State**



07152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3830783

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

REINMUND, KATHERINE  
11714 DUNES RD  
BOYNTON BEACH, FL 33436

**DO NOT WRITE  
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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000955587  
07/18/08-80003-024 61.25

**10. OFFICERS AND DIRECTORS**

|                |                           |
|----------------|---------------------------|
| TITLE          | C                         |
| NAME           | REINMUND, KATHERINE       |
| STREET ADDRESS | 11714 DUNES RD            |
| CITY-ST-ZIP    | BOYNTON BEACH, FL 33436   |
| TITLE          | D                         |
| NAME           | MCCARTHY, TIMOTHY         |
| STREET ADDRESS | 1717 WHITEHALL DR 104     |
| CITY-ST-ZIP    | FORT LAUDERDALE, FL 33324 |
| TITLE          | T                         |
| NAME           | METZGER, JUDY             |
| STREET ADDRESS | 11699 BRIARWOOD CIR       |
| CITY-ST-ZIP    | BOYNTON BEACH, FL 33437   |
| TITLE          | T                         |
| NAME           | AHERN, JACK               |
| STREET ADDRESS | 1119 N FORK RD            |
| CITY-ST-ZIP    | STUART, FL 34994          |
| TITLE          | D                         |
| NAME           | CERASUOLO, JOSEPH         |
| STREET ADDRESS | 1141 NORTHLUMBERLAND CT   |
| CITY-ST-ZIP    | WELLINGTON, FL 33414      |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

**DO NOT WRITE  
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:

*Katherine Reinmund*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/08  
Date

561-740-7713  
Daytime Phone #