

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003677

FILED  
Apr 29, 2009  
Secretary of State

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

**Current Principal Place of Business:**

11714 DUNES RD  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

**Current Mailing Address:**

11714 DUNES RD  
BOYNTON BEACH, FL 33436

**New Mailing Address:**

**FEI Number:** 59-3830783

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REINMUND, KATHERINE  
11714 DUNES RD  
BOYNTON BEACH, FL 33436 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: REINMUND, KATHERINE  
Address: 11714 DUNES RD  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D ( ) Delete  
Name: MCCARTHY, TIMOTHY  
Address: 1717 WHITEHALL DR 104  
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: T ( ) Delete  
Name: METZGER, JUDY  
Address: 11699 BRIARWOOD CIR  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T ( ) Delete  
Name: AHERN, JACK  
Address: 1119 N FORK RD  
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete  
Name: CERASUOLO, JOSEPH  
Address: 1141 NORTHUMBERLAND CT  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE REINMUND

PRES

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date