2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 DEC 20 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09544

1. Entity Name
GOLD COAST POOL LEAGUE, INC.

Principal Place of Business	Mailing Address
CAROL BURBANK-CASALASPRO 10825 NW 29TH MANOR #7 SUNRISE, FL 33322 US	CAROL BURBANK-CASALASPRO 10825 NW 29TH MANOR #7 SUNRISE, FL 33322 US

1292006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
8101 NW 74 Ave	8101 NW 74 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tamarac FL	City & State: Tamarac FL
Zip: 33321 Country: US	Zip: 33321 Country: US

4. FEI Number: 59-2623573 ☐ 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
BURBANK-CASALASPRO, CAROL A 10825 NW 29H MANOR #7 SUNRISE, FL 33322	Name: Michelle Allin Street Address (P.O. Box Number is Not Acceptable): 8101 NW 74 Ave City: Tamarac FL Zip Code: 33321

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: Michelle Allin Michelle Allin Sec/Tres. 11/29/06
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CYCEONE, HELDI 8241 NW 74TH AVE TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600082652456 12/20/06--01005--008 **70.00 T/S/D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BURBANK-CASALASPRO, CAROL 10825 NW 29TH MANOR #7 SUNRISE, FL 33322	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Michelle Allin 8101 NW 74 Ave Tamarac, FL 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN-CULET, CHRIS 6175 SOUTHGATE BLVD MARGATE, FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Michelle Allin Michelle Allin 11/29/06 754-581-3204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #