## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N09544

FILED Apr 29, 2008 Secretary of State

Entity Name: GOLD COAST POOL LEAGUE, INC.

Current Principal Place of Business: New Principal Place of Business:

8101 NW 74 AVE.

TAMARAC, FL 33321 US

Current Mailing Address: New Mailing Address:

8101 NW 74 AVE.

TAMARAC, FL 33321 US

FEI Number: 59-2623573 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ALLIN, MICHELLE 8101 NW 74 AVE.

TAMARAC, FL 33321 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition

 Title:
 PD () Delete
 Title:
 PD (X) Change (

 Name:
 CYCCONE, HEIDI
 Name:
 MARTIN-CULET, CHRIS

 Address:
 8241 NW 74TH AVE
 Address:
 6175 SOUTHGATE BLVD

 City-St-Zip:
 TAMARAC, FL 33321
 City-St-Zip:
 MARGATE, FL 33068

Title: TSD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ALLIN, MICHELLE
 Name:

 Address:
 8101 NW 74 AVE.
 Address:

 City-St-Zip:
 TAMARAC, FL 33321 US
 City-St-Zip:

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 MARTIN-CULET, CHRIS
 Name:
 NORMAN, CINDY

 Address:
 6175 SOUTHGATE BLVD
 Address:
 6175 SOUTHGATE BLVD

 City-St-Zip:
 MARGATE, FL 33068 US
 City-St-Zip:
 MARGATE, FL 33068 US

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: MICHELLE ALLIN TSD 04/29/2008