

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90039 050 \*\*\*\*70.00

**DOCUMENT # N43519**

1. Entity Name

TAMARAC ATHLETIC FEDERATION, INC.



Principal Place of Business  
7501 N. UNIVERSITY DR.  
TAMARAC FL 33321

Mailing Address  
P.O. BOX 26806  
FT. LAUDERDALE FL 33320



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

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

LEHMBECK, JEANNIE  
8009 NW 72 AVE  
TAMARAC FL 33321

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

*Jeannie Lehmbeck*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/05

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

TITLE PD ☐ Delete  
NAME LEHMBECK, JEANIE  
STREET ADDRESS 8009 NW 72 AVE  
CITY-ST-ZIP TAMARAC FL 33321

TITLE VD ☒ Delete  
NAME MACDONALD, KEVIN  
STREET ADDRESS 8111 NW 73 AVE  
CITY-ST-ZIP TAMARAC FL 33321

TITLE SD ☐ Delete  
NAME PENSON, CAROL  
STREET ADDRESS 7913 NW 71 AVE  
CITY-ST-ZIP TAMARAC FL 33321

TITLE TD ☒ Delete  
NAME MCDONALD, KEVIN  
STREET ADDRESS 8111 NW 73 AVENUE  
CITY-ST-ZIP TAMARAC FL 33321

TITLE TD ☐ Delete  
NAME BOOS, ROBERT  
STREET ADDRESS 10952 NW 21ST  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VP ☒ Change ☐ Addition  
NAME Hyman, Marc  
STREET ADDRESS 8103 NW 71 Ave  
CITY-ST-ZIP Tamarac FL 33321

TITLE ☐ Change ☐ Addition  
NAME Penson, Carole  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE Tres ☐ Change ☐ Addition  
NAME Boos, Robert  
STREET ADDRESS 9512 N Vermosa Lane  
CITY-ST-ZIP Tamarac FL 33321

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 exemption stated in Section 119.07(3)(i), 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:

*Jeannie Lehmbeck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/05 9342570326