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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000268

1. Corporation Name

SOUTH FLORIDA YOUTH HOCKEY ASSOCIATION, INC.

Principal Place of Business

14770 BISCAYNE BLVD.
NORTH MIAMI BEACH FL 33181

Mailing Address

12471 NW 3RD ST
D-1
PLANTATION FL 33325
US



2. Principal Place of Business

21 **12425 TAYLOR STREET**

Suite, Apt. #, etc.

22 City & State
Pembroke Pines FL

23 Zip Country
33028 USA

2a. Mailing Address

26 **901 NW 116th TERRACE**

Suite, Apt. #, etc.

27 City & State
Plantation FL

28 Zip Country
33325 USA

3. Date Incorporated or Qualified

01/19/1994

4. FEI Number

65-0676760

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**TOWNSEND, STEVE
7440 SW 162ND ST
MIAMI FL 33157**

10. Name and Address of New Registered Agent

81 Name **TIMOTHY HART**

82 Street Address (P.O. Box Number is Not Acceptable)

901 NW 116th TERRACE

84 City **Plantation**

FL

85 Zip Code

33325

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

TIMOTHY HART (NOTE: Registered Agent signature required when reinstating)

4/30/99 DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **TOWNSEND, STEVE**
STREET ADDRESS **7740 SW 162ND ST**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **DVP** ☐ DELETE
NAME **BRAGA, PAM**
STREET ADDRESS **3134 CENTER ST**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **DS** ☐ DELETE
NAME **PROSS, NANCY**
STREET ADDRESS **14200 SW 82ND ST**
CITY-ST-ZIP **MIAMI FL 33148**

TITLE **DT** ☐ DELETE
NAME **HART, TIMOTHY**
STREET ADDRESS **12471 NW 3RD ST D-1**
CITY-ST-ZIP **PLANTATION FL 33325**

TITLE **DVP** ☒ DELETE
NAME **STUCK, RICHARD**
STREET ADDRESS **13720 SW 90TH AVE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ DELETE
NAME **SCHUSTER, MIKE**
STREET ADDRESS **915 NW 110TH TERRACE**
CITY-ST-ZIP **PLANTATION FL 33324**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **DVP** ☐ Change ☒ Addition
5.2 NAME **RICK GARDELLA**
5.3 STREET ADDRESS **1929 NW 60th STREET**
5.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 Date **561477 8590** Daytime Phone #

CR2E037 (11/98)