2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000001933

1. Entity Name
SOUTHERNMOST HOCKEY CLUB, INC.

Principal Place of Business	Mailing Address
1107 KEY PLAZA SUITE #287 KEY WEST, FL 33040	1107 KEY PLAZA SUITE #287 KEY WEST, FL 33040

03142004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0479036
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAPAS, DOUGLAS
2308 LINDA AVENUE
KEY WEST, FL 33040

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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 Douglas M Capas 3/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000090998
03/17/04-80042-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CUNEO, EDWARD J
STREET ADDRESS	2026 STAPLES AVENUE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	VD
NAME	LEE, TOMMY
STREET ADDRESS	3728 DONALD AVE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	SD
NAME	WALKER, CAROLYN
STREET ADDRESS	19521 AZTEC STREET
CITY-ST-ZIP	SUGARLOAF KEY, FL 33042
TITLE	TD
NAME	CAPAS, DOUGLAS
STREET ADDRESS	2308 LINDA AVE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	SILVA, JOHN
STREET ADDRESS	1705 BERTHA STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	MACLAUGHLIN, MARK
STREET ADDRESS	3710 PEARLMAN TERRACE
CITY-ST-ZIP	KEY WEST, FL 33040

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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: Douglas M Capas 3/15/04 305-296-3124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #