2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000000577

1. Entity Name
WELLINGTON ROLLERHOCKEY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11700 PIERSON RD. WELLINGTON, FL 33414	12950 SAINT DAVIDS COURT WELLINGTON, FL 33414

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04052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOON, WALTER J
12950 SAINT DAVIDS COURT
WELLINGTON, FL 33414

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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 WALTER J MOON, PRESIDENT Walter J Moon 4/5/04
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

000000106421
04Apr08-00014-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	MOON, WALTER
STREET ADDRESS	12950 SAINT DAVIDS COURT
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	T/D
NAME	DANIK, JEFF
STREET ADDRESS	13590 BRIGHTSTONE ST
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D/S
NAME	DANIK, TERI
STREET ADDRESS	13590 BRIGHTSTONE ST
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D
NAME	DUNHAM, JAMES
STREET ADDRESS	11700 PIERSON RD
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: WALTER J. MOON Walter J Moon 4/5/04 561 252 5478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #