2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000004878

1. Entity Name
PARKLAND SOCCER CLUB, INC.

Principal Place of Business	Mailing Address
6336 N.W. 63RD WAY PARKLAND, FL 33067	6336 N.W. 63RD WAY PARKLAND, FL 33067

DO NOT WRITE IN THIS SPACE

01162006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0358094
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GADO, PETER M
6336 N.W. 63RD WAY
PARKLAND, FL 33067

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GADO, LINDA
STREET ADDRESS	6336 N.W. 63RD WAY
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	SD
NAME	LANTIERE, SAL
STREET ADDRESS	5708 NW 57
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	TD
NAME	GADO, PETER M
STREET ADDRESS	6336 NW 63RD WAY
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	TD
NAME	GADO, PETER M
STREET ADDRESS	6336 N.W. 63RD WAY
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000396328
01/30/06-80005-020 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Peter M Gado 1/16/06 954-410-5772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #