

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000984

FILED
Sep 08, 2005
Secretary of State

Entity Name: CORAL SPRINGS COBRAS ROLLER HOCKEY CLUB, INC.

Current Principal Place of Business:

RIVERSIDE PARK
CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

% P.O. BOX 8883
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-0654713 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AMBROSE, PHILLIP
9167 NW 44TH COURT
CORAL SPRINGS, FL 33065 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AMBROSE, PHILLIP
Address: 9167 NW 44TH COURT
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SD () Delete
Name: SCHUERMANN, ROBERT
Address: 4199 NW 81ST TERRACE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SD () Delete
Name: RICH, STEVEN
Address: 5478 NW 106 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MERL, BRETT
Address: 10213 VESTAL COURT
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP AMBROSE

PD

09/08/2005

Electronic Signature of Signing Officer or Director

Date