


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000003330 (5)**

1. Corporation Name

THE PLANET ICE YOUTH HOCKEY ASSOCIATION OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

**3900 RCA BOULEVARD
PALM BEACH GARDENS FL 33410
US**

**P O BOX 33148
PALM BEACH GARDENS FL 33420
US**

3. Date Incorporated or Qualified

06/21/1996

4. FEI Number

65-0674048

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name

Michael D. Harris

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

712 U.S. Highway One

83

84 City

North Palm Beach

FL

85 Zip Code

33408

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]

03/31/98

Signature of Registered Agent and Title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE

NAME **BABIN, KATHY**
STREET ADDRESS **10102 DAHLIA AVENUE**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **VD** ☒ DELETE

NAME **NEILL, JERRY**
STREET ADDRESS **1623 16TH COURT**
CITY-ST-ZIP **JUPITER FL**

TITLE **TD** ☐ DELETE

NAME **HAZI, LEA ANN**
STREET ADDRESS **8776 MAN-O-WAR ROAD**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **PD** ☐ DELETE

NAME **RAPPAPORT, RICHARD**
STREET ADDRESS **10238 ALLAMANDA CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **SD** ☐ DELETE

NAME **GIANNONE, PAM**
STREET ADDRESS **141 PUFFIN COURT**
CITY-ST-ZIP **ROYAL PALM BEACH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Palm Beach Gardens, FL 33410

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VD ☐ Change ☒ Addition
John Sudelis
9954 S.E. Buttonwood Way
Tequesta, FL 33469

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☒ Change ☐ Addition
Palm Beach Gardens, FL 33418

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☒ Change ☐ Addition
Palm Beach Gardens, FL 33410

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☒ Change ☐ Addition
Royal Palm Beach, FL 33411

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

[Signature]

UNCLERKED

Lea Ann Hazi

03/31/98

561-694-2908

CR2E037 (10/97)