

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001332

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: COCONUT CREEK FOOTBALL PROGRAM CORPORATION

**Current Principal Place of Business:**

6574 N SR 7  
#156  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

6574 N SR 7  
#156  
COCONUT CREEK, FL 33073

**New Mailing Address:**

FEI Number: 52-2037110

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BECKER, DAVID  
5342 FLAMINGO COURT  
COCONUT CREEK, FL 33073 US

**Name and Address of New Registered Agent:**

PRIVITERE, BOB  
4835 NW 14TH ST  
COCONUT CREEK, FL 33063 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: BOB PRIVITERE

02/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SINEL, ROSS  
Address: 6767 SALTAIRE  
City-St-Zip: MARGATE, FL 33063

Title: VPD ( ) Delete  
Name: GOLDMAN, JEFF  
Address: 610 NW 45 AVENUE  
City-St-Zip: COCONUT CREEK, FL 33066

Title: SD ( ) Delete  
Name: SINEL, DAWN  
Address: 6767 SALTAIRE  
City-St-Zip: MARGATE, FL 33063

Title: TD ( ) Delete  
Name: BECKER, DAVID  
Address: 5342 FLAMINGO COURT  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VPD ( ) Delete  
Name: EAGAN, PATRICK  
Address: 4400 NW 3RD COURT  
City-St-Zip: COCONUT CREEK, FL 33066

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: TD (X) Change ( ) Addition  
Name: PRIVITERE, BOB  
Address: 4835 NW 14TH ST  
City-St-Zip: COCONUT CREEK, FL 33063

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROSS SINEL

PD

02/24/2009

Electronic Signature of Signing Officer or Director

Date