

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004770 (0)**

1. Corporation Name

**FLORIDA GULF COAST AMATEUR HOCKEY ASSOCIATION, I  
NC.**

Principal Place of Business

Mailing Address

**13891 JETPORT LOOP, STE. 19  
FT. MYERS FL 33913-7718**

**13891 JETPORT LOOP, STE. 19  
FT. MYERS FL 33913-7718**



2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**08/21/1997**

4. FEI Number

**05-0780104**

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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, typed or printed name 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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **DP**  
STREET ADDRESS **OLSEN, PETER**  
CITY-ST-ZIP **824 LAFAYETTE ST.**  
**CAPE CORAL FL 33904**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **DV**  
STREET ADDRESS **BARRACO, CARL A**  
CITY-ST-ZIP **2158 JOHNSON ST.**  
**FT. MYERS FL 33901**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **DST**  
STREET ADDRESS **ESOLDI, GINA**  
CITY-ST-ZIP **13891 JETPORT LOOP, STE. 19**  
**FT. MYERS FL 33913-7718**

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☒ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME **D**  
STREET ADDRESS **MIXON, KEVIN S**  
CITY-ST-ZIP **4515-3 SKYLINE BLVD.**  
**CAPE CORAL FL 33914**

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **D**  
STREET ADDRESS **PATRONE, ANDRE J**  
CITY-ST-ZIP **12685 NEW BRITTANY BLVD.**  
**FT. MYERS FL 33907**

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **D**  
STREET ADDRESS **WING, GLENN**  
CITY-ST-ZIP **3402 W. RIVERSIDE DR.**  
**FT. MYERS FL 33901**

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**Blaise Kovacs**  
**24 Timberland Circle N**  
**Fort Myers, FL 33919**

**900002500523**  
**-04/27/98--01010--013**  
**\*\*\*\$1.25**

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

CR2E037 (1097)