

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001185

FILED  
Apr 10, 2009  
Secretary of State

**Entity Name:** PLANTATION YOUTH SOCCER LEAGUE INC.

**Current Principal Place of Business:**

HOMEOWNER INCORPORATE CARROLLWOOD  
11380 BROOKGREEN DR.  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

11380 BROOKGREEN DR.  
TAMPA, FL 33624

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

KHALILI, MOHAMMAD  
2727 W. FLETCHER 52B  
TAMPA, FL 33618    US

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

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: P                      ( ) Delete  
Name: RIVERA, TONY  
Address: 4727 GROVE POINT  
City-St-Zip: TAMPA, FL 33824

Title: T                      ( ) Delete  
Name: KHALIL, MOHAMMAD  
Address: 2727 W. FLETCHER 52B  
City-St-Zip: TAMPA, FL 33618

Title: D                      ( ) Delete  
Name: GUTIERREZ, MARIA  
Address: 2326 SOUTHERN LITES AVE  
City-St-Zip: LUTZ, FL 33549

Title: D                      ( ) Delete  
Name: CAILLES, GEAN  
Address: 4949 MARBRISA DR APT 1412  
City-St-Zip: HOLLYWOOD, FL 33024

Title: D                      ( ) Delete  
Name: SOKOL, MARLENE  
Address: 4505 WHITWORTH  
City-St-Zip: TAMPA, FL 33624

Title: T                      ( ) Delete  
Name: PIMENTEL, JUDY  
Address: 4733 W WATER AVE APT 1620  
City-St-Zip: TAMPA, FL 33614

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

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

Title: D                      (X) Change ( ) Addition  
Name: CARTER, KAREN  
Address: 5316 BLACK PINE DR  
City-St-Zip: TAMPA, FL 33624

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: KAREN CARTER

D

04/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date