

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005769

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: FLORIDA SCHOLASTIC HOCKEY LEAGUE, INC.

## Current Principal Place of Business:

5258 LINTON BLVD  
#204  
DELRAY BEACH, FL 33484

## New Principal Place of Business:

## Current Mailing Address:

5258 LINTON BLVD  
#204  
DELRAY BEACH, FL 33484

## New Mailing Address:

FEI Number: 52-2124932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOUTH FLORIDA REGISTERED AGENTS, INC.  
350 E. LAS OLAS BLVD  
SUITE 1700  
FT. LAUDERDALE, FL 33301 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: VPD ( ) Delete  
Name: DRUCKER, DENNIS  
Address: 2484 NW 86 AVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VPD ( ) Delete  
Name: BERKOWITZ, ALAN  
Address: 5315 NW 118 AVE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: ST ( ) Delete  
Name: REINER, JANE  
Address: 5625 NW 77 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: P ( ) Delete  
Name: PEARLMAN, PETER  
Address: 4451 WOODFIELD BLVD  
City-St-Zip: BOCA RATON, FL 33434

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: DRUCKER, DENNIS  
Address: 2484 NW 86 AVE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VPD (X) Change ( ) Addition  
Name: BERKOWITZ, ALAN  
Address: 5315 NW 118 AVE  
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: ST (X) Change ( ) Addition  
Name: REINER, JANE  
Address: 5625 NW 77 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: P (X) Change ( ) Addition  
Name: PEARLMAN, PETER MD  
Address: 4451 WOODFIELD BLVD  
City-St-Zip: BOCA RATON, FL 33434 US

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: PETER PEARLMAN, MD

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date