

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005256

FILED  
Jul 10, 2010  
Secretary of State

**Entity Name:** WESTON WARRIOR LACROSSE CLUB, INC.

**Current Principal Place of Business:**

440 LAKEVIEW DR  
#101  
WESTON, FL 33326

**New Principal Place of Business:**

304 INDIAN TRACE  
600  
WESTON, FL 33326

**Current Mailing Address:**

318 INDIAN TRACE  
#600  
WESTON, FL 333262996

**New Mailing Address:**

304 INDIAN TRACE  
600  
WESTON, FL 33326

**FEI Number:** 65-0944927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARBA, RICHARD  
440 LAKEVIEW DR  
#101  
WESTON, FL 33326 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  
Name: BARBA, RICHARD  
Address: 440 LAKEVIEW DR #101  
City-St-Zip: WESTON, FL 33326

Title: VP  
Name: SWINERTON, GAYLE  
Address: 318 INDIAN TRACE #600  
City-St-Zip: WESTON, FL 33326

Title: VP  
Name: CARRIZOSA, ERNESTO  
Address: 318 INDIAN TRACE #600  
City-St-Zip: WESTON, FL 33326

I hereby 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 all other like empowered.

SIGNATURE: RICHARD BARBA

PRES

07/10/2010

Electronic Signature of Signing Officer or Director

Date