

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90022 026 ***150.00

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1. Entity Name

THE NORTHERN LEAGUE IN EDMONTON INCORPORATED

Principal Place of Business

5150 N. OCEAN DRIVE
SINGER ISLAND FL 33404

Mailing Address

5150 N. OCEAN DRIVE
SINGER ISLAND FL 33404



2. Principal Place of Business

3. Mailing Address

THE NORTHERN LEAGUE IN EDMONTON INCORPORATED

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o P. D. ORLICH - Box 400

City & State

City & State

NAPLES - FLORIDA

Zip

Country

Zip

34106

Country

Collier

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-1619414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORLICH, P. DANIEL
5150 N. OCEAN DRIVE
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME ORLICH, P. DANIEL
STREET ADDRESS 5150 N. OCEAN DRIVE
CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE D/P ☐ Change ☒ Addition
NAME ORLICH, P. DANIEL
STREET ADDRESS 5150 N. OCEAN DRIVE
CITY-ST-ZIP SINGER ISLAND, FL. 33404

TITLE D/T ☐ Delete
NAME CRUISE, ERICKA
STREET ADDRESS 5150 N. OCEAN DRIVE
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

P. DANIEL ORLICH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2006

Date

305-978-1900

Daytime Phone #