

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 753629 (5) 1. Corporation Name PALM HARBOR RECREATION LEAGUE, INC.					
Principal Place of Business 1631 9 ST. P.O. BOX 951 PALM HARBOR FL 34683			Mailing Address 1631 9 ST. P.O. BOX 951 PALM HARBOR FL 34683		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/05/1980	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2429829	
22 City & State		27 City & State		Applied For ☐ Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
24 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent GAGLIARDO, BENJAMIN J. 660 SANDY HOOK RD. PALM HARBOR FL 33563				7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
10. Name and Address of New Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
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.				81 Name	
SIGNATURE <i>Benjamin J. Gagliardo</i>				82 Street Address (P.O. Box Number is Not Acceptable)	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				83	
DATE 1-27-98				84 City	
12. OFFICERS AND DIRECTORS				85 Zip Code	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE				☐ Change ☐ Addition	
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE				☐ Change ☐ Addition	
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE				☐ Change ☐ Addition	
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE				☐ Change ☐ Addition	
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE				☐ Change ☐ Addition	
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE				☐ Change ☐ Addition	
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
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: <i>Benjamin J. Gagliardo</i> 1-27-98					

CR2E037 (10/97)