

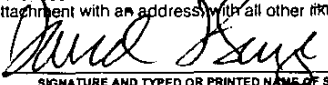


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90058 003 ****61.25

DOCUMENT # N06000004003			
1. Entity Name SOUTH WALTON BASEBALL ASSOCIATION, INC.			
Principal Place of Business 59 CANAL STREET SANTA ROSA BEACH, FL 32459 US		Mailing Address 59 CANAL STREET SANTA ROSA BEACH, FL 32459 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WIDMAN, SHANNON L ESQ 56 SPIRES LANE #16A SANTA ROSA BEACH, FL 32459		Name DAVID LEUZE Street Address (P.O. Box Number is Not Acceptable) 59 CANAL ST City SANTA ROSA BEACH FL Zip Code 32459	
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 		DATE 3/31/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, STEVE	NAME	
STREET ADDRESS	59 CANAL STREET	STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEUZE, DAVID	NAME	
STREET ADDRESS	59 CANAL STREET	STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STROOP, MARK	NAME	FLOYD, KEN
STREET ADDRESS	59 CANAL STREET	STREET ADDRESS	59 CANAL ST
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	CITY-ST-ZIP	SANTA ROSA BEACH FL 32459
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMAL, ED	NAME	
STREET ADDRESS	59 CANAL STREET	STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTLEDGE, BO	NAME	
STREET ADDRESS	59 CANAL STREET	STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, STEVE	NAME	
STREET ADDRESS	59 CANAL STREET	STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: 		DATE 4/5/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE # 850-231-6954	