

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010002

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: COLLEGIATE SWIMMING OFFICIALS ASSOCIATION, INC.

**Current Principal Place of Business:**

11 SERENA ALLEN WAY  
MANSFIELD, MA 02048

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 291  
MANSFIELD, MA 02048

**New Mailing Address:**

FEI Number: 26-3169677      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

HOOPER, MATTHEW B  
500 NE 14TH AVENUE  
UNIT 2  
FORT 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: PD ( ) Delete  
Name: BRUNELLI, JOHN  
Address: 11 SERENA ALLEN WAY  
City-St-Zip: MANSFIELD, MA 02048

Title: VD ( ) Delete  
Name: MULSOFF, JOHN  
Address: A1 SERENA ALLEN WAY  
City-St-Zip: MANSFIELD, MA 02048

Title: SD ( ) Delete  
Name: MARTIN, DWIGHT  
Address: 11 SERENA ALLEN WAY  
City-St-Zip: MANSFIELD, MA 02048

Title: TD ( ) Delete  
Name: DAY, BRIAN  
Address: 11 SERENA ALLEN WAY  
City-St-Zip: MANSFIELD, MA 02048

Title: D ( ) Delete  
Name: DAVIDSON, STEVE  
Address: 11 SERENA ALLEN WAY  
City-St-Zip: MANSFIELD, MA 02048

Title: D ( ) Delete  
Name: RYAN, SUSAN  
Address: 11 SERENA ALLEN WAY  
City-St-Zip: MANSFIELD, MA 02048

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KEHLENBACK, RICK  
Address: 11 SERENA ALLEN WAY  
City-St-Zip: MANSFIELD, MA 02048

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: JOHN BRUNELLI

PD

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date