

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90406 007 \*\*\*\*70.00

**DOCUMENT # 753105**

1. Entity Name  
**SCOTSDALE RECREATION ASSOCIATION, INC.**



Principal Place of Business  
**AMERI-TECH REALTY  
1799-B M. BELEHER RD.  
CLEARWATER, FL 33765 US**

Mailing Address  
**AMERI-TECH REALTY  
1799-B M. BELEHER RD.  
CLEARWATER, FL 33765 US**

**50012520**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-1702720**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERI-TECH REALTY INC.  
1799-B M. BELECHER ROAD  
CLEARWATER, FL 33765**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: SD  
NAME: WOOLF, ANN  
STREET ADDRESS: 1295 STONEHAVEN LN  
CITY-ST-ZIP: DUNEDIN, FL 34698 ☐ Delete

TITLE: VPD  
NAME: LADLEY, ROBERT  
STREET ADDRESS: 464 EXMOOR CT  
CITY-ST-ZIP: DUNEDIN, FL 34698 ☐ Delete

TITLE: D  
NAME: EVANS, CHUCK  
STREET ADDRESS: 1201 MONTROSE PL  
CITY-ST-ZIP: DUNEDIN, FL 34698 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
NAME: Thomas Priester  
STREET ADDRESS: 381 Berwick Ct  
CITY-ST-ZIP: Dunedin, FL 34698 ☐ Change ☒ Addition

TITLE: TD  
NAME: Leo Viger  
STREET ADDRESS: 1104 Tarridon Court  
CITY-ST-ZIP: Dunedin, FL 34698 ☐ Change ☒ Addition

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

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

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:

*Charles R. Evans*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/13/06 727 733 7056*

Date

Daytime Phone #