

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03857

Entity Name: ORANGE BASEBALL ASSOCIATION, INC.**Current Principal Place of Business:**435 HILLCREST DR.
OVEIDO, FL 32765**Current Mailing Address:**PO BOX 540898
ORLANDO, FL 32854 US**FEI Number:** 59-2504131**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FIOLA, ROBERT A
2493 TRENTWOOD BLVD
ORLANDO, FL 32812 US*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:** ROBERT A. FIOLA

02/24/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name THORNBURGH, KARL
Address 435 HILLCREST DR.
City-State-Zip: OVEIDO FL 32765

Title VPD
Name ROLLO, MATTHEW
Address 584 BOLGER CT
City-State-Zip: DELTONA FL 32725

Title ASSIGNOR
Name ROVITO, BEN
Address 25112 IRONWEDGE DR.
City-State-Zip: SORRENTO FL 32776

Title TREA
Name FIOLA, ROBERT A
Address 2493 TRENTWOOD BLVD.
City-State-Zip: ORLANDO FL 32812

Title COMMISSIONER
Name WHITE, JIM
Address 560 CAREY WAY
City-State-Zip: ORLANDO FL 32825

Title SECRETARY
Name SHERIDAN, BILL
Address 73 ZAMORA
 PL
City-State-Zip: OVIEDO FL 32765

Title DIGITAL MARKETING/RECRUITING
 OFFICER
Name BALLESTEROS, TIM
Address 608 BROOKFIELD TERRACE
City-State-Zip: DELAND FL 32724

I hereby 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 all other like empowered.

SIGNATURE: ROBERT A. FIOLA**TREASURER**

02/24/2018

Electronic Signature of Signing Officer/Director Detail

Date