

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004003

**Entity Name:** SOUTH WALTON BASEBALL ASSOCIATION, INC.

**Current Principal Place of Business:**

59 CANAL STREET  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

PO BOX 2097  
SANTA ROSA BEACH, FL 32459 US

**FEI Number: 68-0644280**

**Certificate of Status Desired: No**

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

LEUZE, DAVID  
59 CANAL ST  
SANTA ROSA BEACH, FL 32459 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name SHELTON, WESLEY  
Address PO BOX 2097  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title TREASURER, DIRECTOR  
Name RIETENBACH, KAREN  
Address PO BOX 2097  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR  
Name CLINE, STEVE  
Address PO BOX 2097  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title PRESIDENT, DIRECTOR  
Name BROKAW, NICK  
Address PO BOX 2097  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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: WESLEY SHELTON**

**VP**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date