

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **722435** (5)  
1. Corporation Name  
**MAITLAND SOFTBALL ASSOCIATION INC.**



Principal Place of Business <b>1107 THUNDER TRAIL MAITLAND FL 32751-4048 US</b>	Mailing Address <b>PO BOX 947625 MAITLAND FL 32794 US</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> <b>32751-4043</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> <b>32794-7625</b>	Country <b>25</b> <b>30</b>
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3. Date Incorporated or Qualified <b>01/13/1972</b>
4. FEI Number <b>23-7202235</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>GALOVIC, ROBERT 1107 THUNDER TRAIL MAITLAND FL 32751</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>85</b> Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Robert D. Galovic* **ROBERT D. GALOVIC** **2-8-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>MAY, SUSAN</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1822 WYANOOTTE TRAIL</b>	CITY-ST-ZIP <b>CASSELBERRY FL</b>	1.2 NAME	
		1.3 STREET ADDRESS	
TITLE <b>VD</b>	NAME <b>FLEMING, STEVE</b>	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>737 FOREST GLEN COURT</b>	CITY-ST-ZIP <b>MAITLAND FL</b>	2.1 TITLE	
		2.2 NAME	
TITLE <b>VD</b>	NAME <b>COTTER, KEN</b>	2.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>407 OAK HILL DRIVE</b>	CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL</b>	2.4 CITY-ST-ZIP	
		3.1 TITLE	
TITLE <b>TD</b>	NAME <b>TAFT, SARAH</b>	3.2 NAME	<b>32701</b>
STREET ADDRESS <b>1832 SOUTH BLVD.</b>	CITY-ST-ZIP <b>MAITLAND FL</b>	3.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3.4 CITY-ST-ZIP	
TITLE <b>SD</b>	NAME <b>OCCHIALINI, DAVE</b>	4.1 TITLE	
STREET ADDRESS <b>2115 CREE TRAIL</b>	CITY-ST-ZIP <b>CASSELBERRY FL</b>	4.2 NAME	<b>TD GALOVIC, ROBERT</b>
		4.3 STREET ADDRESS	<b>1107 THUNDER TRAIL</b>
TITLE		4.4 CITY-ST-ZIP	<b>MAITLAND FL 32751-4043</b>
NAME		5.1 TITLE	<b>PD</b>
STREET ADDRESS		5.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	<b>32707</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>SD</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>TINA VOSS</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>1620 EXCALIBUR DRIVE</b>
			<b>CASSELBERRY FL 32707</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert D. Galovic* **ROBERT D. GALOVIC** **2-8-98** **407-444-7390**

CR2E037 (10/97)