## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 15, 2006 08:00 A Secretary of State **DOCUMENT # 724387** 1. Entity Náme FLORIDA CITRUS SPORTS ASSOCIATION, INC. the configuration Principal Place of Business Mailing Address ONE CITRUS BOWL PLACE ORLANDO FL 32805 ONE CITRUS BOWL PLACE ORLANDO FL 32805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-1058144 Not Applicable Zıp Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FILDES, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DRIVE ORLANDO FL 32801 Zip Code City 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. U00000564128 05/20/06-80048-004 61.25 SIGNATURE Signaturo typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regioned when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change ■ Addition NAHAS, GEORGE NAME NAME STREET ADDRESS 200 E. BURLEIGH BLVD. STREET ADDRESS ORLANDO FL 32778 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE MARTIN, ANTHONY NAME NAME STREET ADDRESS 7200 LAKE ELLENOR DRIVE # 241 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32809 CITY-ST-ZIP ☐ Delete Change Addition DYMOND, WILLIAM T JR NAME STREET ADDRESS 215 NORTH EQLA DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MICKLE, THOMAS P ONE CITRUS BOWL PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32805 CITY-ST-ZIP PD TITLE ☐ Defete TITLE ☐ Change ☐ Addition RIVERA, DICK NAME NAME 10940 EMERALD CHASE DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32836 CITY - ST - ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change HAMES, JANE NAME NAME 215 NORTH EOLA DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

PICNATURE \$19106