


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90117 006 ****61.25

| | | | | | |
|--|--------------------------|---|--|--|--|
| DOCUMENT # 745698 1. Entity Name BIG PINE ATHLETIC ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 30415 LYTTONS WAY BIG PINE KEY, FL 33043 US | | | Mailing Address PO BOX 430089 BIG PINE KEY, FL 33043 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2255760 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| WADE, SCOTT 29161 HIBISCUS LN. BIG PINE KEY, FL 33043 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MILLER, STEVE | | NAME | | |
| STREET ADDRESS | 29245 OLEANDER DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | BIG PINE KEY, FL 33044 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | O'BRIEN, JASON | | NAME | | |
| STREET ADDRESS | 423 LESROHDE DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | RAMROD KEY, FL 33042 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | ROMAN, PATTY | | NAME | VAD LEE HUGHES | |
| STREET ADDRESS | 66 COLSON DR. | | STREET ADDRESS | 29563 SARATOGA AVE | |
| CITY-ST-ZIP | SUMMERLAND KEY, FL 33042 | | CITY-ST-ZIP | BIG PINE KEY, FL 33043 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | RODRIGUEZ, ANGIE | | NAME | Susan Bishop-Miller | |
| STREET ADDRESS | PO BOX 430621 | | STREET ADDRESS | PO BOX 430291 | |
| CITY-ST-ZIP | BIG PINE KEY, FL 33043 | | CITY-ST-ZIP | Big Pine Key, FL 33043-0291 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: _____ | | | _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |
| | | | Date 3/15/06 | | |
| | | | Daytime Phone # 305 872 0292 | | |