## **FILE NOW: FILING FEE IS \$61.25**

## FILED Jul 02 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 **POCUMENT** # · (1) 745801 TAMARAC T-BALL, INC. Principal Place of Business Mailing Address TAMARAC PARK J835 N.W. 71 CT. 3. Date Incorporated or Qualified 7501 N. UNIVERSITY DRIVE TAMARAC FL 33321 02/02/1979 TAMARAC FL 33321 IJŝ 4. FEI Number Applied For 59-2597643 Not Applicable 2. Principal Place of Business Mailing Address \$8.75 Additional 7802 NW 71 ST 5. Certificate of Status Desired П 26 21 Fee Required Suite, Apt. #, etc. Sulte, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? **≥**€No 23 28 Yes Zip Country Country Zip This corporation owes or has paid the current year Intangible 30 Yes Yes 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name CLEAVER, ROBERT 82 Street Address (P.O. Box Number is Not Acceptable) 7835 N.W. 11 CT. TAMARAC FL 33321 NW 84 City Zip Code 85 Pursuant to the previsions 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 epiligations of, Section 617.0503, Florida Statutes. SIGNATURE red agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10/9/ 13. DELETE TITLE 1.1 TITLE Change \_\_\_ Addition CLEAVER, ROB NAME 1.2 NAME CPZE037 7895-N.W.-71-CT. 7802 NW 71 ST 1.3 STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME BOOS, BOB 2.2 NAME 5919 WOODLAND POINT PLACE STREET ADDRESS 2.3 STREET ADDRESS TAMARAC FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE LACOAGE, CAL 8100 Concelance LANEY, DUANE NAME 3.2 NAME **7903 N.W. 69 TERRACE** 3.3 STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 TAMARUC, FL 33321 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE HYMAN, TANYA NAME 4. 2 NAME 8103 N.W. 71 AVE. 4.3 STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change **Ad**dition Jim Shipley Springs DR PRESTIN, DAVE NAME 5.2 NAME 8247 SAN CARLOS CIRCLE STREET ADDRESS 5.3 STREET ADDRESS TAMARAC FL 33321 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE LACOMBE, CAL NAME 62 NAME 8100 CIRCLE LANE 6.3 STREET ADDRESS STREET ADDRESS 533

954-270-0621