## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # 753789 1. Entity Name

SOUTH BROWARD SOFTBALL UMPIRES ASSOCIATION, INC.



Principal Place of Business

2140 S.W. 97TH ROAD FORT LAUDERDALE, FL 33324 Mailing Address

2140 S.W. 97TH ROAD FORT LAUDERDALE, FL 33324

## FILED Apr 26, 2006 8:00 am Secretary of State

04-26-2006 90188 006 \*\*\*\*61.25



01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number NOT APPLICABLE			Applied For Not Applicable
5. Certificate of Status Desired		\$8.75 Fee Re	5 Additional

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COOK, ROBERT W JR 2140 S.W. 97TH ROAD FORT LAUDERDALE, FL 3332

DO	NOT	WRITE
IN	<b>THIS</b>	<b>SPACE</b>

* 13				
	named entity submits this statement for the purpose of changing its registere lons of registered agent.	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of signatured agent and title if applicable. (NOTE: Registered	Agent eignature	required when reinstating)	DATE
	Filing Fee is \$61.25  Due by May 1, 2006  9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS			
TITLE	DP LARRY COM			
NAME Street address	HOLLYWOOD, FL 2004 HOLLYWOOD, FL 33024	ŀ		
CITY-ST-ZIP	HOLLINGTON EL COCCA HOLLY WOOD FL 33024			
		ŧ		
TITLE NAME	VPD PATRICK, GARY	•		
STREET ADDRESS	8391 N.W. 24TH COURT	•		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	i		
TITLE	DS	1		
NAME	SCOZZAFAVA, RICHARD			
STREET ADDRESS	2410 N 59TH AVE		DO	NOT WRITE
CITY-ST-ZIP	HOLLYWOOD, FL 33021		DO	NOI WRITE
TITLE	TD		IN	THIS SPACE
NAME	COOK, ROBERT		***	THIS STASE
STREET ADDRESS	2140 SW 97 ROAD			
CITY-ST-ZIP	FT LAUDERDALE, FL 33324	Į.		
TITLE				
NAME CONTRACTOR ADDRESS				
STREET ADDRESS				
		ł		
TITLE NAME		•		
STREET ADDRESS		1		
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				

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 trystee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter or an attachment with an address, with all other like empowered.

SIGNATURE:

CHATTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06

305-585-7288