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FILED  
Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754752** (4)

1. Corporation Name

**CORAL SPRINGS WINTER BASEBALL, INC.**

Principal Place of Business

Mailing Address

**405 NW 108TH AVE.  
CORAL SPRINGS FL 33071**

**405 NW 108TH AVE.  
CORAL SPRINGS FL 33071**

3. Date Incorporated or Qualified

**10/21/1980**

4. FEI Number

**NOT APPLICABLE**

Applied For  
Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**VITTA, LOU  
405 NW 108TH AVE.  
CORAL SPGS FL 33071**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **S** ☐ DELETE  
NAME **VITTA, CAROLYN**  
STREET ADDRESS **405 NW 108 AVE.**  
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **D** ☐ DELETE  
NAME **ARENA, MICHAEL**  
STREET ADDRESS **2130 NW 110 LA**  
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **D** ☒ DELETE  
NAME **JOHNSON, PAUL**  
STREET ADDRESS **11141 NW 39TH ST.**  
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **DP** ☐ DELETE  
NAME **VITTA, LOU**  
STREET ADDRESS **405 N.W. 108TH DR**  
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **D** ☒ DELETE  
NAME **FERRO, MANNY**  
STREET ADDRESS **9804 NW 28TH CT.**  
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☒ Addition  
3.2 NAME **Ted Miller**  
3.3 STREET ADDRESS **11913 NW 30 St.**  
3.4 CITY-ST-ZIP **Coral Springs, FL 33065**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **Fred Richmond**  
5.3 STREET ADDRESS **361 NW 111 Mnr.**  
5.4 CITY-ST-ZIP **Coral Springs, FL 33071**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*[Signature]*

CR2E037 (10/97)