

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90062 015 \*\*\*\*\*61.25

**DOCUMENT # 766928**

1. Entity Name  
**EAST LAKE YOUTH SPORTS ASSOCIATION, INC.**



Principal Place of Business  
**PO BOX 1063  
OLDSMAR, FL 34677 US**

Mailing Address  
**PO BOX 1063  
OLDSMAR, FL 34677 US**

**50009817**



01212005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2422989**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**KUTCHINS, BRYAN A  
3974 TAMPA ROAD  
OLDSMAR, FL 34677**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P, D  
THOMPSON, DAVID  
36181 EAST LAKE RD  
PALM HARBOR, FL 34685**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V, D  
WATSON, RICK  
36181 EAST LAKE RD  
PALM HARBOR, FL 34685**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S, D  
HAND, AMY  
36181 EAST LAKE RD  
PALM HARBOR, FL 34685**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
~~NAME~~ *ROB POSAVEC*  
~~36181 EAST LAKE RD~~ *36181 EAST LAKE RD*  
~~PALM HARBOR, FL 34685~~ *PALM HARBOR, FL 34685***

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KUTCHINS, BRYAN A, *HAZARD, STU*  
3974 TAMPA RD., STE A *ROMNEY, MARY*  
OLDSMAR, FL 34677 *ROOT, DAVE***

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D *ROB WOLF*  
~~NAME~~ *ERIC SPAZIANI*  
~~3555 OLD KEYSTONE RD.~~ *JERRY VARANAY*  
~~TARPON SPRINGS, FL 34689~~ *ANDERS WELLENGS***

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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: **X** *Rob Posavec*, **AS PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-27-05**

Date

**727 937 0756**

Daytime Phone #