

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90306 033 ****70.00

DOCUMENT # N00000001159

1. Entity Name

WELLINGTON FASTPITCH SOFTBALL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**11681 PERSIMMON BLVD
ROYAL PALM BEACH FL 33411**

**11681 PERSIMMON BLVD
ROYAL PALM BEACH FL 33411**

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

65-0985442

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEEN, KIMBERLY

**11681 PERSIMMON BLVD
WEST PALM BEACH FL 33411**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME **D** ☐ Delete
MARTYN, DONALD M
STREET ADDRESS **649 BLUEBERRY DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **SD** ☐ Delete
CASTILLO, PAM
STREET ADDRESS **2493 STONEGATE DR**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **VPD** ☐ Delete
BOGGES, TAMI
STREET ADDRESS **1577 HAWTHORNE PLACE, APT B**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME **TD** ☐ Delete
CORDON, CYNTHIA A
STREET ADDRESS **14708 STIRRUP LN**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS **CORBIN, CYNTHIA A**
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED37 (9/01)