

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004031

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** WESLEY CHAPEL ATHLETIC ASSOCIATION, INC.

**Current Principal Place of Business:**

5450 BRUCE B DOWNS PMB 304  
WESLEY CHAPEL, FL 33544

**New Principal Place of Business:**

**Current Mailing Address:**

5450 BRUCE B DOWNS PMB 304  
WESLEY CHAPEL, FL 33544

**New Mailing Address:**

**FEI Number:** 59-3653523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLIVER, RICHARD  
5450 BRUCE B DOWNS BLVD  
PMB 304  
WESLEY CHAPEL, FL 33544 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FITZSIMONS, THOMAS  
Address: 29036 RIVERGATE RUN  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: T  
Name: STRINGFIELD, NANCY L  
Address: 1329 STOKESLEY PLACE  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: SD  
Name: CLOUSER, TRACY  
Address: 5450 BRUCE B DOWNS BLVD PMB 304  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: VP  
Name: KOTLYN, JAMES  
Address: 5450 BRUCE B DOWNS BLVD PMB 304  
City-St-Zip: WESLEY CHAPEL, FL 33544

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NANCY L STRINGFIELD

TREA

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date