

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2004 8:00 am
Secretary of State

06-25-2004 90001 003 ****61.25

DOCUMENT # N00000005836

1. Entity Name
DADE COUNTY CPA SOFTBALL LEAGUE, INC.



Principal Place of Business
% KEVIN M. ZANNI
2699 S. BAYSHORE DR., #400
MIAMI, FL 33133

Mailing Address
% KEVIN M. ZANNI
2699 S. BAYSHORE DR., #400
MIAMI, FL 33133

54058798



2. Principal Place of Business

8211 WEST BROWARD BLVD.

Suite, Apt. #, etc.

SUITE PH #1

City & State

PLANTATION, FL

Zip

33324

Country

USA

3. Mailing Address

8211 WEST BROWARD BLVD.

Suite, Apt. #, etc.

SUITE PH #1

City & State

PLANTATION, FL

Zip

33324

Country

USA

06102004

Chg-NP

CR2E037 (10/03)

4. FEI Number

65-1047174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZANNI, KEVIN M
2699 S. BAYSHORE DR., #400
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

MICHAEL MARTIN

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

8211 W BROWARD BLVD

SUITE PH #1

City

PLANTATION

FL

Zip Code

33324

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

Michael Martin

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 September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **HECKAMAN, BLAIN**
STREET ADDRESS **2699 S. BAYSHORE DR., #500**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **D** ☒ Delete
NAME **TOOTLE, NICK**
STREET ADDRESS **2699 S. BAYSHORE DR., #500**
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **MICHAEL MARTIN**
STREET ADDRESS **8211 W BROWARD BLVD. SUITE PH #1**
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **WALTER BALLARD**
STREET ADDRESS **1441 BRICKELL AVE SUITE 1100**
CITY-ST-ZIP **MIAMI, FL 33131**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Michael Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 577-9700

Daytime Phone #