

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000005415

FILED
Feb 28, 2008
Secretary of State

Entity Name: OLYMPIA SPARTAN ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 1758
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1758
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 01-0670277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
420 S. ORANGE AVENUE
12TH FLOOR
ORLANDO, FL 32801 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: TED BOLIN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOLIN, TED
Address: 4966 KEENELAND CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: POPPELL, ROBERT
Address: 420 S. ORANGE AVENUE, 12TH FLOOR
City-St-Zip: ORLANDO, FL 32801

Title: SD () Delete
Name: WALLACE, GARY
Address: 4615 WOODLANDS VILLAGE DR
City-St-Zip: ORLANDO, FL 32835

Title: PD () Delete
Name: BARKETT, ROBERT
Address: 800 NORTH MAGNOLIA AVE SUITE 450
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: DUANY, DAVID
Address: 8106 TIBET-BUTLER DR
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: CRAMER, CURTIS
Address: 1247 OAKDALE ST
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TED BOLIN

D

02/28/2008

Electronic Signature of Signing Officer or Director

Date