

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008459

FILED
Feb 29, 2008
Secretary of State

Entity Name: WELLINGTON TRAVEL BASKETBALL ASSOCIATION, INC.

Current Principal Place of Business:

11700 PIERSON RD
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

10719 NORTHGREEN DR
C/O LEONARD ROSNER
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 43-1985375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSNER, LEONARD PRES
10719 NORTHGREEN DR
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

ROSNER, LEONARD TREAS
10719 NORTHGREEN DR
LAKE WORTH, FL 33467 US

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: MICHAEL W. MICHAUD, CPA

02/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ROSNER, LEONARD PRES
Address: 10719 NORTHGREEN DR
City-St-Zip: LAKE WORTH, FL 33467 US

Title: VP () Delete
Name: FORGIONE, ANTHONY
Address: 12735 HEADWATER CIRCLE
City-St-Zip: WELLINGTON, FL 33414 US

Title: SEC () Delete
Name: O'CONNOR, LISA
Address: 11700 PIERSON RD
City-St-Zip: WELLINGTON, FL 33414 US

Title: TREA (X) Delete
Name: MICHAUD, MICHAEL W CPA
Address: 6894 LAKE WORTH RD SUITE 206
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change () Addition
Name: ROSNER, LEONARD PRES
Address: 10719 NORTHGREEN DR
City-St-Zip: LAKE WORTH, FL 33467 US

Title: PRES (X) Change () Addition
Name: WELTE, MIKE
Address: 13945 ASTOR ST
City-St-Zip: WELLINGTON, FL 33414 US

Title: SEC (X) Change () Addition
Name: HAUGHN, STEVE
Address: 1543 HOLLYHOCK RD
City-St-Zip: WELLINGTON, FL 33414 US

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: MICHAEL W. MICHAUD, CPA

CPA

02/29/2008

Electronic Signature of Signing Officer or Director

Date