

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

DOCUMENT# N02000008459

**FILED**  
**Apr 06, 2010**  
**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:**

6877 N CALUMET CIRCLE  
C/O DEBI KROLL  
LAKE WORTH, FL 33467 US

**New Mailing Address:**

11700 PIERSON RD  
WELLINGTON, FL 33414 US

**FEI Number:** 43-1985375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KROLL, DEBI TREAS  
6877 N CALUMET CIRCLE  
LAKE WORTH, FL 33467 US

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

NOWACKI, KEVIN TREAS  
10334 WHITE PINTO CT  
WELLINGTON, FL 33449 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: KEVIN NOWACKI

04/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FRATALIA, CHRIS  
Address: 1209 MYSTIC WAY  
City-St-Zip: WELLINTON, FL 33414 US

Title: TREA  
Name: NOWACKI, KEVIN  
Address: 10334 WHITE PINTO CT  
City-St-Zip: LAKE WORTH, FL 33449 US

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: KEVIN NOWACKI

TREA

04/06/2010

Electronic Signature of Signing Officer or Director

Date