2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010805

FILED Feb 07, 2009 Secretary of State

Entity Name: THE TREASURE COAST SENIOR SOFTBALL ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

2822 SE FARLEY RD. 386 NW SHEFFIELD CIRCLE PORT ST. LUCIE, FL 34952 PORT ST. LUCIE, FL 34983

Current Mailing Address: New Mailing Address:

2822 SE FARLEY RD. 386 NW SHEFFIELD CIRCLE PORT ST. LUCIE, FL 34952 PORT ST. LUCIE, FL 34983

FEI Number: 56-2440387 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SPITZ, NEIL H

MILLER, WILLIAM P 2822 SE FARLEY RD. 386 NW SHEFFIELD CIRCLE PORT ST. LUCIE, FL 34952 US PORT ST. LUCIE, FL 34983 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: NEIL H. SPITZ 02/07/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition MALINOWSKI, THADDEUS MCBEE, BUFORD Name: Name:

381 SE LANCASTER AVE. Address: 219 SE DOLPHIN RD. Address: City-St-Zip: PORT ST. LUCIE, FL 34984 City-St-Zip: PORT ST. LUCIE, FL 34952

Title: STD () Delete Title: (X) Change () Addition

MILLER, WILLIAM P Name: SPITZ, NEIL H Name: Address: 2822 SE FARLEY RD. Address: 386 NW SHEFFIELD CIRCLE

City-St-Zip: PORT ST. LUCIE, FL 34952 City-St-Zip: PORT ST. LUCIE, FL 34983

Title: () Delete Title: () Change () Addition FREKER, JOHN C Name: Name:

954 NW SPRUCE RIDGE DR. Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

Name: O'CONNOR, GEORGE M Name: MILLER, WILLIAM P 623 NW WHITFIELD WAY Address: Address: 2822 SE FARLEY RD. City-St-Zip: PORT ST. LUCIE, FL 34986 City-St-Zip: PORT ST. LUCIE, FL 34952

Title: () Delete Title: (X) Change () Addition

MCBEE, BUFORD E MARTINEZ, RAFAEL Name: Name: 2193 SE DOLPHIN RD. 213 SW PARRISH TERR. Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34952 City-St-Zip: PORT ST. LUCIE, FL 34984

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: NEIL H. SPITZ SEC. 02/07/2009