

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010805

FILED
Jan 26, 2011
Secretary of State

Entity Name: THE TREASURE COAST SENIOR SOFTBALL ASSOCIATION INC.

Current Principal Place of Business:

386 NW SHEFFIELD CIRCLE
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

386 NW SHEFFIELD CIRCLE
PORT ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: 56-2440387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPITZ, NEIL H
386 NW SHEFFIELD CIRCLE
PORT ST. LUCIE, FL 34983 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD
Name: MCBEE, BUFORD
Address: 219 SE DOLPHIN RD.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: STD
Name: SPITZ, NEIL H
Address: 386 NW SHEFFIELD CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D
Name: FREKER, JOHN C
Address: 954 NW SPRUCE RIDGE DR.
City-St-Zip: STUART, FL 34994

Title: D
Name: MILLER, WILLIAM P
Address: 2822 SE FARLEY RD.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D
Name: MARTINEZ, RAFAEL
Address: 213 SW PARRISH TERR.
City-St-Zip: PORT ST. LUCIE, FL 34984

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: NEIL H. SPITZ

STD

01/26/2011

Electronic Signature of Signing Officer or Director

Date