

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90061 037 ****61.25

DOCUMENT # N05000003433					
1. Entity Name TAMARAC MEN'S RECREATIONAL SOFTBALL LEAGUE CORP.					
Principal Place of Business 7813 NW 73RD AVE TAMARAC, FL 33321			Mailing Address 7813 NW 73RD AVE TAMARAC, FL 33321		
50026138					
2. Principal Place of Business 7813 NW 73rd Ave		3. Mailing Address 7813 NW 73rd Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08152006 Chg-NP CR2E037 (4/06)	
City & State Tamarac FL		City & State Tamarac FL		4. FEI Number _____ Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 33321 Country USA		Zip 33321 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PELLEGRINI, JOHN 1854 NW 107TH AVE PLANTATION, FL 33322			7. Name and Address of New Registered Agent Name: <u>KEN DE GRAAF</u> Street Address (P.O. Box Number is Not Acceptable): <u>7813 NW 73rd Ave</u> City & State: <u>Tamarac FL</u> Zip Code: <u>33321</u>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>[Signature]</u> DATE: <u>8-20-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DE GRAAF, KEN <u>President</u> <input type="checkbox"/> Delete 7813 NW 73RD AVE TAMARAC, FL 33321				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PELEGRINI, JOHN <u>Vice President</u> <input type="checkbox"/> Delete 1854 NW 107TH AVE PLANTATION, FL 33322				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KOBRIINRINI, ARTHUR <u>Treasurer</u> <input type="checkbox"/> Delete 9760 NW 47TH DRIVE CORAL SPRINGS, FL 33076				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11, if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: _____ Daytime Phone #: _____					

951 755-3340 wk
951 726-2013 vt