

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90145 007 \*\*\*\*70.00

**DOCUMENT # N05000009998**

1. Entity Name  
**NORTH TAMPA LEAGUERETTES, INC.**



Principal Place of Business  
**1902 SOUTH VILLAGE AVENUE  
TAMPA, FL 33618**

Mailing Address  
**P.O. BOX 273047  
TAMPA, FL 33688**

**40099563**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06222006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number  
**203508995**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLD, MICHAEL A  
C/O FISCHER & GOLD, P.A.  
908 W HORATIO STREET STE A  
TAMPA, FL 33606**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME **DP**  
STREET ADDRESS **OREN, ED**  
CITY-ST-ZIP **8930 NORTH ARRAWANNA AVENUE  
TAMPA, FL 33614**

TITLE ☐ Change ☒ Addition  
NAME **President**  
STREET ADDRESS **Anthony Winn**  
CITY-ST-ZIP **8505 Twin Lakes Blvd  
Tampa FL 33613**

TITLE ☒ Delete  
NAME **DV**  
STREET ADDRESS **HEANEY, ROB**  
CITY-ST-ZIP **2115 CARROLL PLACE  
TAMPA, FL 33612**

TITLE ☐ Change ☒ Addition  
NAME **Vice President**  
STREET ADDRESS **Ronda Moon**  
CITY-ST-ZIP **12713 Woodleigh Ave  
Tampa FL 33612**

TITLE ☒ Delete  
NAME **DS**  
STREET ADDRESS **CAMPBELL, TERRI**  
CITY-ST-ZIP **17003 ODESSA DRIVE  
LAND O'LAKES, FL 34639**

TITLE ☐ Change ☒ Addition  
NAME **Secretary**  
STREET ADDRESS **Dorinda Craigton-Seth**  
CITY-ST-ZIP **3604 Arlington Oaks Court  
Tampa FL 33618**

TITLE ☒ Delete  
NAME **DT**  
STREET ADDRESS **CAPPADORO, TONY**  
CITY-ST-ZIP **10503 ORANGE GROVE COURT  
TAMPA, FL 33618**

TITLE ☐ Change ☒ Addition  
NAME **Treasurer**  
STREET ADDRESS **Julie Smith**  
CITY-ST-ZIP **15003 Albright Drive  
Tampa FL 33613**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

*Julie Smith*

*Julie Smith*

*7/13/06*

*8139602834*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #