2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000006772

1. Entity Name
TAMPA AREA RECREATIONAL SCHEDULING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3802 EHRLICH RD., SUITE 201 TAMPA, FL 33624	3802 EHRLICH RD., SUITE 201 TAMPA, FL 33624

DO NOT WRITE IN THIS SPACE

01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number
13-4337644

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLATTLER, EDMUND
3802 EHRLICH RD., SUITE 201
TAMPA, FL 33624

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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 May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be *Added to Fees*

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GILMORE, ROBERT
STREET ADDRESS	18909 EDINBOROUGH WAY
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	VD
NAME	DUDASH, DAVID
STREET ADDRESS	7417 OAKVISTA CIRCLE
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	STD
NAME	VAN STEENBERGEN, PAUL
STREET ADDRESS	16208 MARSHFIELD DR.
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

OK

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02/25/08-60002-018 61.25

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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: E. Blattler Agent 2-11-08 813-960-7098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #