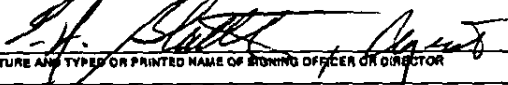


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000006772		
1. Entity Name TAMPA AREA RECREATIONAL SCHEDULING ASSOCIATION, INC.		
Principal Place of Business 3802 EHRLICH RD., SUITE 201 TAMPA, FL 33624		Mailing Address 3802 EHRLICH RD., SUITE 201 TAMPA, FL 33624
DO NOT WRITE IN THIS SPACE		
5. Certificate of Status Desired ☐		Applied For Not Applicable
4. FEI Number 13-4337644		CR2E037 (4/06)
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BLATTNER, EDMUND 3802 EHRLICH RD., SUITE 201 TAMPA, FL 33624		DO NOT WRITE IN THIS SPACE
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 relating) 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 NAME STREET ADDRESS CITY-ST-ZIP	D GILMORE, ROBERT 18909 EDINBOROUGH WAY TAMPA, FL 33647	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUDASH, DAVID 7417 OAKVISTA CIRCLE TAMPA, FL 33634	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VAN STEENBERGEN, PAUL 16208 MARSHFIELD DR. TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: 		2-11-08 813-960-7098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #