

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009783

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: POINCIANA BASEBALL, INC.

## Current Principal Place of Business:

417 ALBATROSS COURT  
POINCIANNA, FL 34759

## New Principal Place of Business:

## Current Mailing Address:

417 ALBATROSS COURT  
POINCIANNA, FL 34759

## New Mailing Address:

FEI Number: 20-5566646

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUIGNAN, TREVOR  
375 DOUGLAS AVENUE  
1007  
ALTAMONTE SPRINGS, FL 32714 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: P ( ) Delete  
Name: GOMEZ, ANGEL L  
Address: 417 ALBATROSS COURT  
City-St-Zip: POINCIANNA, FL 34759

Title: VP ( ) Delete  
Name: PEREZ, CATHERINE  
Address: 417 ALBATROSS COURT  
City-St-Zip: POINCIANNA, FL 34759

Title: S ( ) Delete  
Name: VILLARDI, MARLENE A  
Address: 417 ALBATROSS COURT  
City-St-Zip: POINCIANNA, FL 34759

Title: T ( ) Delete  
Name: RHODES, BENNY  
Address: 417 ALBATROSS COURT  
City-St-Zip: POINCIANNA, FL 34759

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANGEL L GOMEZ

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date