2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State
04-17-2008 90012 031 ****61.25

DOCUMENT # N07000004612

1. Entity Name
OKEEHEELEE SENIOR SOFTBALL ASSN. INC.

Principal Place of Business	Mailing Address
4193 120TH AVE. SOUTH WELLINGTON, FL 33467	4193 120TH AVE. SOUTH WELLINGTON, FL 33467

02272008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11711 LAUREL VA CIR	OSSA
Suite, Apt. #, etc.	Suite, Apt. #, etc. 11711 LAUREL VA CIR
City & State WELLINGTON FL	City & State WELLINGTON FL
Zip / Country 33414 / USA	Zip / Country 33414 / USA

4. FEI Number
EIN-06-1815859
☐ Applied For
☐ Not Applicable

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
MARIUTTO, BILL ~~11711 LAVEREL VALLEY~~ CIR. ~~WELLINGTON, FL 33414~~	Name: BILL MARIUTTO Street Address (P.O. Box Number is Not Acceptable): 11711 LAUREL VALLEY CIRCLE City: WELLINGTON FL Zip Code: 33414

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: William MARIUTTO William Mariutto 3/25/08
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDLUND, MARK 4193 120TH AVE. SOUTH WELLINGTON, FL 33467	☒ Delete	TITLE D NAME Alvin Sagal STREET ADDRESS 870 Cotton Bay Drive West, Apt. 407 CITY-ST-ZIP West Palm Bch, FL 33406	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARIUTTO, BILL 4193 120TH AVE. SOUTH WELLINGTON, FL 33467	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	BILL MARIUTTO #ADDITION 11711 LAUREL VALLEY CIRCLE WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	LEMOINE SILVIS #ADDITION 11352 SUNSET BLVD. 33411 ROYAL PALM BEACH FL.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	CHARLES W PECORONI #ADDITION 1000 10th Ln. GREENACRES, FL. 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	ANGELO GRAZIANO #ADDITION 3 GREENWAY VLG.N. #210 ROYAL PALM BEACH FL.33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered.

SIGNATURE: BILL MARIUTTO Bill Mariutto 3/25/08 561-795-2070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #