2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N07000004612

Entity Name: OKEEHEELEE SENIOR SOFTBALL ASSN. INC.

Current Principal Place of Business:

11711 LAUREL VA CIR
WEST PALM BEACH, FL 33414

New Principal Place of Business:

Current Mailing Address:

OSSA
11711 LAUREL VA CIR
WEST PALM BEACH, FL 33414

New Mailing Address:

FEI Number: 06-1815859 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARIUTTO, BILL
11711 LAUREL VALLEY CIRCLE
WEST PALM BEACH, FL 33414 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: D ( ) Delete
Name: SAGAL, ABUM
Address: 870 COTTON BAY DRIVE WEST, APT. 403
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D ( ) Delete
Name: MARIUTTO, BILL
Address: 11711 LAUREL VALLEY CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: SILVIS, LEMOINE
Address: 11352 SUN SET BLVD.
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete
Name: PECORONI, CHARLES W
Address: 1004 10TH LN.
City-St-Zip: GREEN ACRES, FL 33463

Title: D ( ) Delete
Name: GRAZIANO, ANGELO
Address: 3 GREENWAY VLG. N. #210
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D ( ) Change (X) Addition
Name: STOTARD, ROB
Address: 7126 GRASSY BAY DR.
City-St-Zip: WEAT PALM BEACH, FL 33414 US

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: WILLIAM MARIUTTO D 02/16/2009

Electronic Signature of Signing Officer or Director — Date