


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**


03-21-2007 90038 025 \*\*\*\*61.25

<b>DOCUMENT # N09118</b> 1. Entity Name FLORIDA RACQUETBALL ASSOCIATION, INC.	
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Principal Place of Business C/O KAREN BOUCHARD 1350 SAGO COURT DUNEDIN, FL 34698	Mailing Address C/O KAREN BOUCHARD 1350 SAGO COURT DUNEDIN, FL 34698
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DO NOT WRITE IN THIS SPACE

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03172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2733326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BOUCHARD, KAREN 1350 SAGO COURT DUNEDIN, FL 34698	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FORREST, RANDY 2782 MONTICELLO PLACE, #206 ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BOUCHARD, KAREN 1350 SAGO COURT DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCARGLE, JOHN 2300 HANNAH WAY S DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAWLOWSKI, ANDY 6067 SABAL HAMMOCK CIRCLE PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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:** Karen P. Bouchard Karen P. Bouchard March 20, 2007 727-734-3418  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #