

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09118

FILED
Mar 23, 2009
Secretary of State

Entity Name: FLORIDA RACQUETBALL ASSOCIATION, INC.

Current Principal Place of Business:

C/O KAREN BOUCHARD
1350 SAGO COURT
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

C/O KAREN BOUCHARD
1350 SAGO COURT
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 59-2733326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOUCHARD, KAREN
1350 SAGO COURT
DUNEDIN, FL 34698 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: DP () Delete
Name: FORREST, RANDY
Address: 2782 MONTICELLO PLACE, #206
City-St-Zip: ORLANDO, FL 32835

Title: DT () Delete
Name: BOUCHARD, KAREN
Address: 1350 SAGO COURT
City-St-Zip: DUNEDIN, FL 34698

Title: DS () Delete
Name: FISH, RENEE
Address: 1829 LAUREL WOOD LN
City-St-Zip: DUNEDIN, FL 34698

Title: V () Delete
Name: PAWLOWSKI, ANDY
Address: 6067 SABAL HAMMOCK CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FORREST, RANDY
Address: 2782 MONTICELLO PLACE, #104
City-St-Zip: ORLANDO, FL 32835

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: KAREN BOUCHARD

TREA

03/23/2009

Electronic Signature of Signing Officer or Director

Date