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**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90105 025 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14253**

1. Corporation Name

**WESTSIDE ATHLETIC ASSOCIATION INCORPORATED**

Principal Place of Business

6045 105TH ST.  
 JACKSONVILLE FL 32244  
 US

Mailing Address

8144 COLONNADE CT W  
 JACKSONVILLE FL 32244  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/08/1986

4. FEI Number

10-0332900

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FREY, CHARLES H JR  
 8144 COLONNADE CT W  
 JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent

81 Name **RICHARD J. EBREO JR.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6121 COLLINS RD #14**

83

84 City **JACKSONVILLE**

**FL**

85 Zip Code **32244**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **RICHARD EBREO JR. (PRESIDENT)**

**2-11-99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE  
 NAME **FREY, CHARLES H JR**  
 STREET ADDRESS **8144 COLONNADE CT W**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DT** ☐ DELETE  
 NAME **RAPOZA, KELLY**  
 STREET ADDRESS **5880 OAKLANE DR.**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DS** ☒ DELETE  
 NAME **TIPPING, PEGGY**  
 STREET ADDRESS **5554 118TH ST**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DV** ☒ DELETE  
 NAME **MANOR, SHERRY**  
 STREET ADDRESS **7839 ALLSPKE CIR W**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **(DP)** ☒ Change ☒ Addition  
 1.2 NAME **RICHARD EBREO JR**  
 1.3 STREET ADDRESS **6121 COLLINS RD #14**  
 1.4 CITY-ST-ZIP **JACKSONVILLE, FL. 32244**

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE **(DS)** ☒ Change ☐ Addition  
 3.2 NAME **SHERLY MANOR**  
 3.3 STREET ADDRESS **7839 ALLSPIKE CIR W**  
 3.4 CITY-ST-ZIP **JACKSONVILLE, FL. 32244**

4.1 TITLE **DV** ☐ Change ☒ Addition  
 4.2 NAME **PAT RAPOZA**  
 4.3 STREET ADDRESS **5880 OAK LANE DR.**  
 4.4 CITY-ST-ZIP **JACKSONVILLE, FL. 32244**

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RICHARD EBREO JR.**

**2-11-99**

**904-384-8712**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)