

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29489

FILED
Mar 20, 2005
Secretary of State

Entity Name: PLAYGROUND AREA SOCCER ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 921
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 921
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 59-2146670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, LEE
14 DORAL DR
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

BRELIA, KEITH
797 GARY PLAYER LN
SHALIMAR, FL 32579 US

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: KEITH BRELIA

03/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRELIA, KEITH
Address: 797 GARY PLAYER LN
City-St-Zip: SHALIMAR, FL 32579

Title: VPD () Delete
Name: JACKSON, LEE
Address: 14 DORAL DR
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: HAUSSEY, WAYNE W
Address: 50 MARLBOROUGH RD.
City-St-Zip: SHALIMAR, FL 32579

Title: TD () Delete
Name: WEBB, KELLY
Address: 55 MARLBOROUGH RD
City-St-Zip: SHALIMAR, FL 32579

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KEITH BRELIA

PD

03/20/2005

Electronic Signature of Signing Officer or Director

Date