

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N29489

1. Entity Name
PLAYGROUND AREA SOCCER ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 921
SHALIMAR, FL 32579

Mailing Address

P.O. BOX 921
SHALIMAR, FL 32579



02112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2146670

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TALBOT, IAN
30 MEIGS DRIVE
SHALIMAR, FL 32579

**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

Ian Talbot

Ian Talbot

18 FEB 08

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

(NOTE: Registered Agent signature required when reinstating)

110008924774

02/28/08-00000-023 61.25

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TALBOT, IAN
STREET ADDRESS	30 MAIGS DRIVE
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	VPD
NAME	MORRELL, RON
STREET ADDRESS	22 NORTH DRIVE
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	TD
NAME	SUFNAR, DEE
STREET ADDRESS	42 CHELSEA DRIVE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Dee Snfmar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dee Snfmar 2/8/08

Date

850-543-7029

Daytime Phone #