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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36721

1. Corporation Name

SARASOTA AREA SOFTBALL ASSOCIATION, INC.

Principal Place of Business

C/O STEVEN L. RUDEN
15 CROSS ROADS, BOX 340
SARASOTA FL 34239

Mailing Address

C/O STEVEN L. RUDEN
15 CROSS ROADS, BOX 340
SARASOTA FL 34239



2. Principal Place of Business 21 15 PARADISE, BOX 340 Suite, Apt. #, etc. 22 City & State 23 SARASOTA, FL Zip Country 24 34239 25	2a. Mailing Address 26 15 PARADISE, BOX 340 Suite, Apt. #, etc. 27 City & State 28 SARASOTA, FL Zip Country 29 34239 30	3. Date Incorporated or Qualified 02/12/1990 4. FEI Number 65-0168151 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution
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9. Name and Address of Current Registered Agent

RUDEN, STEVEN L
2413 HAMLIN LANE
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name	JACK V. BUTTON
82 Street Address (P.O. Box Number is Not Acceptable)	2967 LOUISE STREET
83	
84 City	SARASOTA, FL
85 Zip Code	34237

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 *Jack V. Button* **JAN. 5, 1999**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTON, JACK V.	1.2 NAME	
STREET ADDRESS	2967 LOUISE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIXLER, DAVID M.	2.2 NAME	
STREET ADDRESS	7318 PALOMINO PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDEN, STEVEN L	3.2 NAME	
STREET ADDRESS	2413 HAMLIN LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACHA, JAMES	4.2 NAME	
STREET ADDRESS	4222 GROVELAND AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, ROGER	5.2 NAME	SUTTON, ROGER D.
STREET ADDRESS	1872 WOODHOLLOW CIR.	5.3 STREET ADDRESS	1872 WOOD HOLLOW CIRCLE
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Jack V. Button* **REQUIRED** **JAN. 5, 1999** (941) 955-5291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)