

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N36721**

1. Entity Name  
**SARASOTA AREA SOFTBALL ASSOCIATION, INC.**



Principal Place of Business

**15 PARADISE  
BOX 340  
SARASOTA, FL 34239**

Mailing Address

**15 PARADISE  
BOX 340  
SARASOTA, FL 34239**



04192007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0168151**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BUTTON, JACK V  
2967 LOUISE ST  
SARASOTA, FL 34237**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BUTTON, JACK V.
STREET ADDRESS	2967 LOUISE STREET
CITY - ST - ZIP	SARASOTA, FL
TITLE	VD
NAME	WACHA, JAMES
STREET ADDRESS	4222 GROVELAND AVENUE
CITY - ST - ZIP	SARASOTA, FL 34239
TITLE	VD
NAME	BIXLER, DAVID M
STREET ADDRESS	7318 PALOMINO PLACE
CITY - ST - ZIP	SARASOTA, FL 34241
TITLE	TD
NAME	SUTTON, ROGER
STREET ADDRESS	1872 WOOD HOLLOW CIRCLE
CITY - ST - ZIP	SARASOTA, FL
TITLE	SD
NAME	BURDEN, GREG
STREET ADDRESS	4168 MOLOKAI DRIVE
CITY - ST - ZIP	SARASOTA, FL 34241
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**CLIENT'S COPY**  
**Verne F. Williams**

**DO NOT WRITE  
IN THIS SPACE**

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05/03/07-80013-017 70:00

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:** Roger Sutton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 19 2007**

**941-371-7172**

Date

Daytime Phone #