

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 12, 2009**  
**Secretary of State**

DOCUMENT# N45795

**Entity Name:** PORT SALERNO LITTLE LEAGUE, INC.**Current Principal Place of Business:**CORNER OF GROUPER AVE  
WOJO  
PORT SALERNO, FL 34992**New Principal Place of Business:**4733 GROUPER AVE  
WOJCIESZAK PARK  
PORT SALERNO, FL 34992**Current Mailing Address:**P.O. BOX 192  
PORT SALERNO, FL 34992**New Mailing Address:****FEI Number:** 59-3097112**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BOROSKY, RICK  
3401 SE CASCADIA WAY  
HOBE SOUND, FL 33455 US**Name and Address of New Registered Agent:**FLANAGAN, JUDY  
1923 SW LOCKS ROAD`  
STUART, FL 34997 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: JUDY ANN FLANAGAN

08/12/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BOROSKY, RICK  
Address: PO BOX 192  
City-St-Zip: PORT SALERNO, FL 34992

Title: VP ( ) Delete  
Name: RESNIK, JOHN  
Address: PO BOX 192  
City-St-Zip: PORT SALERNO, FL 34992

Title: TR ( ) Delete  
Name: LEDDY, ANNE  
Address: PO BOX 192  
City-St-Zip: PORT SALERNO, FL 34992

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: FLANAGAN, JUDY  
Address: PO BOX 192  
City-St-Zip: PORT SALERNO, FL 34992

Title: VP (X) Change ( ) Addition  
Name: MOORE, LOIS  
Address: PO BOX 192  
City-St-Zip: PORT SALERNO, FL 34992

Title: TR (X) Change ( ) Addition  
Name: MACFARLAND, MICHELLE  
Address: PO BOX 192  
City-St-Zip: PORT SALERNO, FL 34992

Title: INFO ( ) Change (X) Addition  
Name: LUETTCHAU, CHARLES  
Address: PO BOX 192  
City-St-Zip: PORT SALERNO, FL 34992

Title: SEC ( ) Change (X) Addition  
Name: SIMMONS, KIM  
Address: PO BOX 192  
City-St-Zip: PORT SALERNO, FL 34992

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JUDY ANN FLANAGAN

PRES

08/12/2009

Electronic Signature of Signing Officer or Director

Date