


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46030** (5)

1. Corporation Name

**MEN'S BASEBALL ASSOCIATION OF PALM BEACH COUNTY, INC.**

Principal Place of Business

1801 STONEHAVEN DRIVE  
BOYNTON BEACH FL 33462  
US

Mailing Address

1801 STONEHAVEN DRIVE  
BOYNTON BEACH FL 33462  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**BOURNE, JR., ROBERT E ESQ.**  
**521 LAKE AVENUE**  
**SUITE 3**  
**LAKE WORTH FL 33460**

3. Date Incorporated or Qualified

**11/13/1991**

4. FEI Number

**65-0299456**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

**Robert J. Edmiston**

82 Street Address (P.O. Box Number is Not Acceptable)

**1801 Stonehaven Dr.**

83 City

**Boynton Beach**

FL

85 Zip Code

**33436**

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

*Robert J. Edmiston*

**ROBERT J. Edmiston**

**7-12-98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME **BANNON MARK**  
STREET ADDRESS **5924 STRAWBERRY LAKES CIR**  
CITY-ST-ZIP **LAKEWORTH FL**

TITLE D ☐ DELETE

NAME **MOLINAROS CARLOS**  
STREET ADDRESS **2317 N CONGRESS AVE APT 31**  
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE VPD ☐ DELETE

NAME **ALONSO, BOBBY**  
STREET ADDRESS **1542 MAYPOPO ROAD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE TD ☒ DELETE

NAME **RANDALL, JIM**  
STREET ADDRESS **6595 MASSACHUSETTS DR.**  
CITY-ST-ZIP **LANTANA FL 33486-2**

TITLE SO ☐ DELETE

NAME **EDMISTON, BOB**  
STREET ADDRESS **1801 STONEHAVEN DR.**  
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE VPD ☐ DELETE

NAME **EATON, CRAIG**  
STREET ADDRESS **3307 BALUSROL LANE**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☒ Change ☐ Addition

1.2 NAME **PAYNE, Kevin**  
1.3 STREET ADDRESS **5560 Golden Eagle circle**  
1.4 CITY-ST-ZIP **P.B. Gardens, FL 33410**

2.1 TITLE D ☐ Change ☐ Addition

2.2 NAME **MOLINAROS, CARLOS**  
2.3 STREET ADDRESS **2317 N Congress Ave Apt 31**  
2.4 CITY-ST-ZIP **BOYNTON BCH. FL 33436**

3.1 TITLE PRESIDENT ☒ Change ☐ Addition

3.2 NAME **BOBBY ALONSO**  
3.3 STREET ADDRESS **1542 MAYPOPO ROAD**  
3.4 CITY-ST-ZIP **West Palm Beach FL 33415**

4.1 TITLE TD ☐ Change ☐ Addition

4.2 NAME **Randall, Jim**  
4.3 STREET ADDRESS **6595 Massachusetts Dr.**  
4.4 CITY-ST-ZIP **LANTANA FL 33486**

5.1 TITLE U.P. ☒ Change ☐ Addition

5.2 NAME **BOB Edmiston**  
5.3 STREET ADDRESS **1801 Stonehaven Dr.**  
5.4 CITY-ST-ZIP **Boynton Bch. FL 33436**

6.1 TITLE VPD ☐ Change ☐ Addition

6.2 NAME **Eaton, Craig**  
6.3 STREET ADDRESS **3307 BALUSROL LANE**  
6.4 CITY-ST-ZIP **LAKE WORTH FL 33467**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-12-98**

**561-585-9090**

Date

Daytime Phone #

CR2E037 (5/98)