


FILE NOW: FILING FEE IS \$61.25

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Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N47101 (3)  
1. Corporation Name  
WEST SEMINOLE PONY BASEBALL, INC. II



Principal Place of Business: P.O. BOX 915364 LONGWOOD FL 32779  
Mailing Address: P.O. BOX 915364 LONGWOOD FL 32779

3. Date Incorporated or Qualified: 01/31/1992

4. FEI Number: NOT APPLICABLE  
Applied For: Not Applicable

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent  
POTTER, MARK S  
209 WILD CREEK CT.  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SANTOMAURO, NORMAN	
STREET ADDRESS	579 CALIBRE CREST PKWY.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, LARRY	
STREET ADDRESS	230 CAMBRIDGE DRIVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POTTER, MARK S	
STREET ADDRESS	209 WILD CREEK CT.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BELCHER, BOB	
STREET ADDRESS	1942 BEARVIEW DR.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	<del>D</del>	<input type="checkbox"/> DELETE
NAME	<del>TERRIAN, PETER</del>	
STREET ADDRESS	<del>531 HEATHER BRITE</del>	
CITY-ST-ZIP	<del>APOPKA, FL 32703</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHIP BASHINSKI	
1.3 STREET ADDRESS	1406 HILLWAY DR.	
1.4 CITY-ST-ZIP	APOPKA FL 32703	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STEVE OGDEN	
2.3 STREET ADDRESS	1315 WHEELER RA.	
2.4 CITY-ST-ZIP	APOPKA, FL 32703	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TERRIAN, PETER	
5.3 STREET ADDRESS	531 HEATHER BRITE	
5.4 CITY-ST-ZIP	APOPKA, FL 32703	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(l), 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: Mark S Potter 3/15/98 407 862 3721

CR2E037 (10/97)