

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001680

FILED
Mar 30, 2005
Secretary of State

Entity Name: SOUTH ORANGE ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

11310 S ORANGE BLOSSOM TRL
STE 295
ORLANDO, FL 32837 US

New Principal Place of Business:

Current Mailing Address:

11310 S ORANGE BLOSSOM TRL
STE 295
ORLANDO, FL 32837 US

New Mailing Address:

FEI Number: 59-3172411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANN, DONALD
9310 TENTH AVE
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

RANIERI, WILLIAM M
2661 SHINOAK DRIVE
ORLANDO, FL 32837 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: WILLIAM M. RANIERI

03/30/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: LP () Delete
Name: MANN, DONALD
Address: 9310 TENTH AVE
City-St-Zip: ORLANDO, FL 32824

Title: T () Delete
Name: SINCAGE, KATHLEEN
Address: 2260 WHISPERING MAPLE DR
City-St-Zip: ORLANDO, FL 32837

Title: BM (X) Delete
Name: MARTIN, PAMELA
Address: 13424 OKLAHOMA WOODS CT
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RANIERI, WILLIAM M
Address: 2661 SHINOAK DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: TD (X) Change () Addition
Name: SINCAGE, KATHLEEN
Address: 2260 WHISPERING MAPLE DR
City-St-Zip: ORLANDO, FL 32837

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM M. RANIERI

PD

03/30/2005

Electronic Signature of Signing Officer or Director

Date