2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001680

FILED Jul 21, 2007 Secretary of State

Entity Name: SOUTH ORANGE ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 11310 S ORANGE BLOSSOM TRL STE 295 ORLANDO, FL 32837 **New Mailing Address: Current Mailing Address:** 11310 S ORANGE BLOSSOM TRL STE 295 ORLANDO, FL 32837 US FEI Number: 59-3172411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RANIERI, WILLIAM M BABICH, WILLIAM L 2661 SHÍNOAK DRIVE 2151 CROSSHAIR CIRCLE ORLANDO, FL 32837 US ORLANDO, FL 32837 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 L BABICH 07/21/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete RANIERI, WILLIAM M BABICH, WILLIAM L Name: Name: 2661 SHINOAK DRIVE Address: 2151 CROSSHAIR CIRCLE Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32837 Title: Title: (X) Change () Addition () Delete BABICH, WILLIAM L Name: PELLINO, EMIL Name: Address: 2151 CROSSHAIR CIRCLE Address: 12022 PRAIRIE MEADOWS DR. City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32837 Title: () Delete Title: () Change (X) Addition ROSE, CHRIS Name: Name: 14701 EAGLES CROSSING DR Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32837 Title: () Delete Title: SEC () Change (X) Addition Name: Name: SAPASHE, RONDA 4750 COMBAHEE LN Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32837 Title: () Delete Title: () Change (X) Addition FRIES, SCOTT Name: Name: 12606 ENCLAVE DR Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32827 Title: () Delete Title: () Change (X) Addition JONES TARA Name: Name: Address: Address: 12552 MAJORAMA DR ORLANDO, FL 32837 City-St-Zip: City-St-Zip:

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: WILLIAM L BABICH PRES 07/21/2007