

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001680

FILED
Apr 28, 2009
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:

FRIES, SCOTT T
12606 ENCLAVE DR
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FRIES, SCOTT T
Address: 12606 ENCLAVE DR
City-St-Zip: ORLANDO, FL 32837

Title: FBC () Delete
Name: ROSE, CHRIS
Address: 14701 EAGLES CROSSING DR
City-St-Zip: ORLANDO, FL 32837

Title: VP () Delete
Name: SAPASHE, RONDA
Address: 4750 COMBAHEE LANE
City-St-Zip: ORLANDO, FL 32837

Title: SEC () Delete
Name: DONOHUE, KELLY
Address: 5354 TORTUGA DR
City-St-Zip: ORLANDO, FL 32837

Title: PLA () Delete
Name: BROWN, SCOTT
Address: 4449 SHANEWOOD CT
City-St-Zip: ORLANDO, FL 32827

Title: CC () Delete
Name: JONES, TARA
Address: 12552 MAJORAMA DR
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: TREA (X) Change () Addition
Name: BRYAN, THOMAS
Address: 12351 KENTON CT
City-St-Zip: ORLANDO, FL 32827

Title: CC (X) Change () Addition
Name: SACASAS, TIFFANY
Address: 26588 LIFTY DR
City-St-Zip: ORLANDO, FL 32837

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: SCOTT T. FRIES

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date