

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001818 (4)**

1. Corporation Name

PERRINE BASEBALL AND SOFTBALL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**20155 FRANJO RD.
MIAMI FL 33189
US**

**C/O FRANCINE TEGZES, CPA
P.O. BOX 570669
MIAMI FL 33257-0669**



3. Date incorporated or Qualified

04/22/1993

4. FEI Number

65-0359989

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

10. Name and Address of New Registered Agent

**TEGZES, FRANCINE E
8055 SW 189TH ST.
MIAMI FL 33157**

18781 LENAH DR.

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

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

Francine Tegzes

1/5/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **GOW, JOHN**
STREET ADDRESS **20155 FRANJO ROAD**
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE **VICE PRESIDENT / D** ☐ Change ☒ Addition
1.2 NAME **PHILIP CASARINO**
1.3 STREET ADDRESS **9132 SW 182 ST.**
1.4 CITY - ST - ZIP **MIAMI FL 33157**

TITLE **SD** ☒ DELETE
NAME **STEINBAUER, JILL**
STREET ADDRESS **20155 FRANJO ROAD**
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE **SECRETARY / D** ☐ Change ☒ Addition
2.2 NAME **SUOMI, JERSEN**
2.3 STREET ADDRESS **10205 MONTGOMERY BLVD.**
2.4 CITY - ST - ZIP **MIAMI FL 33149**

TITLE **TD** ☒ DELETE
NAME **KADEL, KURT**
STREET ADDRESS **9280 SW 190 STREET**
CITY - ST - ZIP **MIAMI FL**

3.1 TITLE **TREASURER / D** ☐ Change ☒ Addition
3.2 NAME **LARRY HULSE**
3.3 STREET ADDRESS **20251 SW 103 AVE.**
3.4 CITY - ST - ZIP **MIAMI FL 33189**

TITLE **VP** ☐ DELETE
NAME **PEBBLES, RICHARD**
STREET ADDRESS **20155 FRANJO ROAD**
CITY - ST - ZIP **MIAMI FL**

4.1 TITLE **PRESIDENT / D** ☒ Change ☐ Addition
4.2 NAME **LARRY HULSE**
4.3 STREET ADDRESS **7740 SW 187 STREET**
4.4 CITY - ST - ZIP **MIAMI FL 33157**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
5.2 NAME **TIM HAYES**
5.3 STREET ADDRESS **18432 SW 92 CT.**
5.4 CITY - ST - ZIP **MIAMI FL 33157**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
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)(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 recorder 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

LARRY HULSE

1/9/98

305-269-9455

CR2E037 (10/97)