

**2006. NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90022 026 \*\*\*\*70.00



**DOCUMENT # N93000002601**

1. Entity Name

WINDERMERE LITTLE LEAGUE, INC.

Principal Place of Business

ROBERSON RD  
 ATTN: SCOTT DILLON  
 WINDERMERE FL 34786

Mailing Address

P.O. BOX 552  
 WINDERMERE FL 34786



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-3149619

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SCOTT, DILLON  
 2556 CARTER GROVE CIR.  
 WINDERMERE FL 34786

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MONTGOMERY PAUL	
STREET ADDRESS	11125 CEDAR GROVE CT	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCOTT, DILLON	
STREET ADDRESS	2556 CARTER GROVE CIR.	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIXTA, LAWRENCE	
STREET ADDRESS	P.O. BOX 552	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	PR T	<input type="checkbox"/> Delete
NAME	CLICK, MARY	
STREET ADDRESS	PO BOX 1226	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Scott Dillon*

SCOTT DILLON

1-26-06

407-876-3062