
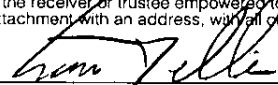


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90047 008 \*\*\*\*61.25

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 - No P.O. Box # 11974 Roberson Rd		3. Mailing Address P.O. Box 552	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Garden		City & State Windermere, FL	
Zip 34787	Country US	Zip 34786	Country US
4. FEI Number 59-3149619		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCOTT, DILLON 2556 CARTER GROVE CIR. WINDERMERE, FL 34786		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME SCOTT, DILLON STREET ADDRESS 2556 CARTER GROVE CIR. CITY-ST-ZIP WINDERMERE, FL 34786	<input type="checkbox"/> Delete	TITLE VP NAME Todd Lemaire STREET ADDRESS 821 Santee Terre Ln CITY-ST-ZIP Winter Garden, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ST NAME CLICK, MARY STREET ADDRESS PO BOX 1226 CITY-ST-ZIP WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Delete	TITLE VP NAME Joseph Vargo STREET ADDRESS 1618 Thoroughbred Drive CITY-ST-ZIP Gotha, FL 34734	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME BROWN, MIKE STREET ADDRESS 367 LAUREN BURG LN CITY-ST-ZIP OCOE, FL 34761	<input checked="" type="checkbox"/> Delete	TITLE Treasurer NAME Mike Brown STREET ADDRESS 367 Laurenburg Ln CITY-ST-ZIP Ocoee, FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Secretary NAME Jennifer Crayner STREET ADDRESS 8519 Bowden Way CITY-ST-ZIP Windermere, FL 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date: 1-8-08 407-876-3062	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

4000000000



01082008 Chg-NP CR2E037 (12/06)