

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002601

FILED
Jan 27, 2009
Secretary of State

Entity Name: WINDERMERE LITTLE LEAGUE, INC.

Current Principal Place of Business:

11974 ROBERSON RD
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 552
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-3149619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, DILLON
2556 CARTER GROVE CIR.
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

JOSEPH, VARGO
1618 THOROUGHbred DRIVE
GOTHA, FL 34734 US

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: JOSEPH VARGO

01/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCOTT, DILLON
Address: 2556 CARTER GROVE CIR.
City-St-Zip: WINDERMERE, FL 34786

Title: T () Delete
Name: BROWN, MIKE
Address: 367 LAURENBURG LN
City-St-Zip: OCOEE, FL 34761

Title: VP () Delete
Name: LENEAVE, TODD
Address: 821 SANTEE TERRE LN
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP () Delete
Name: VARGO, JOSEPH
Address: 1618 THOROUGHbred DRIVE
City-St-Zip: GOTHA, FL 34734

Title: S () Delete
Name: CRAYNER, JENNIFER
Address: 8519 BOWDEN WAY
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VARGO, JOSEPH
Address: 1618 THOROUGHbred DRIVE
City-St-Zip: GOTHA, FL 34734

Title: T (X) Change () Addition
Name: BROWN, MIKE
Address: 1978 WESTHILL RUN
City-St-Zip: WINDERMERE, FL 34786

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

Title: VP (X) Change () Addition
Name: ELICIO, JON
Address: 1618 THOROUGHbred DRIVE
City-St-Zip: GOTHA, FL 34734

Title: () Change () Addition
Name:
Address:
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: MIKE BROWN

T

01/27/2009

Electronic Signature of Signing Officer or Director

Date