# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # N93000004672 (2)

1. Corporation Name

CORAL SPRINGS TEE BALL ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2801 UNIVERSITY DR<br>SUITE 205<br>CORAL SPRINGS FL 33065 | 2801 UNIVERSITY DR<br>SUITE 205<br>CORAL SPRINGS FL 33065 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1993
3a. Date of Last Report: 02/03/1994
4. FEI Number: 65-0455477 ☐ Applied For ☐ Not Applicable

| | |
|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| SCHWARTZ, JAY A<br>2801 UNIVERSITY DR<br>SUITE 205<br>CORAL SPRINGS FL 33065 | 81 Name<br>82 Street Address (P.O. Box Number Is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | D ☒ Change ☐ Addition |
| NAME | ~~WAHL, MARILYN~~ | 1.2 NAME | LISA GATTEGNO |
| STREET ADDRESS | ~~% 2801 UNIVERSITY DR SUITE 205~~ | 1.3 STREET ADDRESS | 9020 UNIVERSITY DRIVE |
| CITY-ST-ZIP | ~~CORAL SPRINGS FL 33065~~ | 1.4 CITY-ST-ZIP | CORAL SPRINGS, FL 33065 |
| TITLE | D/P | 2.1 TITLE | ☒ Change ☐ Addition |
| NAME | SCHWARTZ, JAY A | 2.2 NAME | |
| STREET ADDRESS | % 2801 UNIVERSITY DR SUITE 205 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | D ☒ Change ☐ Addition |
| NAME | ~~RUBIN, AL~~ | 3.2 NAME | MIKE WIGGINS |
| STREET ADDRESS | ~~% 2801 UNIVERSITY DR SUITE 205~~ | 3.3 STREET ADDRESS | SAME ADDRESS |
| CITY-ST-ZIP | ~~CORAL SPRINGS FL 33065~~ | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | D ☒ Change ☒ Addition |
| NAME | STRAVINO, ANTHONY | 4.2 NAME | KEVIN DAUGHERTY |
| STREET ADDRESS | % 2801 UNIVERSITY DR SUITE 205 | 4.3 STREET ADDRESS | SAME ADDRESS |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | D ☒ Change ☐ Addition |
| NAME | ~~PONCZEK, MARIO~~ | 5.2 NAME | JOHN BUCATA |
| STREET ADDRESS | ~~% 2801 UNIVERSITY DR SUITE 205~~ | 5.3 STREET ADDRESS | SAME ADDRESS |
| CITY-ST-ZIP | ~~CORAL SPRINGS FL 33065~~ | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | D ☒ Change ☐ Addition |
| NAME | ~~EISENBERG, JAY~~ | 6.2 NAME | FRANK PARCELLA |
| STREET ADDRESS | ~~% 2801 UNIVERSITY DR SUITE 205~~ | 6.3 STREET ADDRESS | SAME ADDRESS |
| CITY-ST-ZIP | ~~CORAL SPRINGS FL~~ | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 receiver 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:** JAY A SCHWARTZ Pres 1/12/95 305-341-2801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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