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NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N93000004672 (2)

1. Corporation Name

CORAL SPRINGS TEE BALL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2801 UNIVERSITY DR SUITE 205 CORAL SPRINGS FL 33065	2801 UNIVERSITY DR SUITE 205 CORAL SPRINGS FL 33065-5053

3. Date Incorporated or Qualified: 10/08/1993
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business	2a. Mailing Address
21 4691 N. UNIVERSITY DR	26 4691 N. UNIVERSITY DR
Suite, Apt. #, etc. 22 SUITE 453	Suite, Apt. #, etc. 27 SUITE 453
City & State 23 CORAL SPRINGS, FL	City & State 28 CORAL SPRINGS, FL
Zip 24 33067 Country 25 US	Zip 29 33067 Country 30 US

4. FEI Number: 65-0455477 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 2801 UNIVERSITY DR SUITE 205 CORAL SPRINGS FL 33065	81 Name: WALTER R. BLAKE P.A. 82 Street Address (P.O. Box Number is Not Acceptable): 1881 N UNIVERSITY DR 83 SUITE 100 84 City: CORAL SPRINGS FL 85 Zip Code: 33071

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: WALTER R. BLAKE — 1-27-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SCHWRTZ, JAY A 2801 UNIVERSITY DR. CORAL SPRINGS FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DPT JOHN S BUKATA 4691 N. UNIVERSITY DR #453 CORAL SPRINGS, FL 33067	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WIGGINS, MIKE C/O 2801 UNIVERSITY DR. SUITE 205 CORAL SPRINGS FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D ANNE BUKATA 4691 N UNIVERSITY DR #453 CORAL SPRINGS, FL 33067	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAUGHERTY, KEVIN C/O 2801 UNIVERSITY DR. SUITE 205 CORAL SPRINGS FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D mike wiggins 4691 N UNIVERSITY DR #453 CORAL SPRINGS, FL 33067	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUCATA, JOHN C/O 2801 UNIVERSITY DR. SUITE 205 CORAL SPRINGS FL	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D JAY EISENBERG 4691 N. UNIVERSITY DR #453 CORAL SPRINGS, FL 33067	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PORCELLA, FRANK C/O 2801 UNIVERSITY DR. SUITE 205 CORAL SPRINGS FL	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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 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: JOHN S BUKATA PRESIDENT — 1-7-97 — 954 345 2255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0022366