

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004672 (2)**

1. Corporation Name

CORAL SPRINGS TEE BALL ASSOCIATION, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
4861 N UNIVERSITY DR SUITE 453 CORAL SPRINGS FL 33067 US		4891 N UNIVERSITY DR SUITE 453 CORAL SPRINGS FL 33067 US		10/08/1993	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21		26		65-0455477	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Country			
24		25			
Zip		Country			
24		25			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BLAKE, WALTER R. P.A. 1881 N UNIVERSITY DR SUITE 100 CORAL SPRINGS FL 33071		81 Name <i>Becker, J. Nicholas</i>	
		82 Street Address (P.O. Box Number is Not Acceptable) <i>3602 High Pine Drive</i>	
		83	
		84 City <i>Coral Springs</i> FL 85 Zip Code <i>33065</i>	

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 *[Signature]* DATE *4-25-98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<i>Rick, Thomas</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUKATA, JOHN S.	1.2 NAME	
STREET ADDRESS	4691 N UNIV. DR #453	1.3 STREET ADDRESS	<i>4691 N University Drive #453</i>
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	<i>Coral Springs FL</i>
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<i>D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUKATA, ANNE	2.2 NAME	<i>Lopez, Charles</i>
STREET ADDRESS	4691 N UNIV. DR #453	2.3 STREET ADDRESS	<i>4691 N University Drive</i>
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	<i>Coral Springs FL</i>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	WIGGINS, MIKE	3.2 NAME	
STREET ADDRESS	4691 N UNIV. DR. #453	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<i>D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCATA, JOHN	4.2 NAME	<i>Teshen, Ron</i>
STREET ADDRESS	C/O 2801 UNIVERSITY DR. SUITE 205	4.3 STREET ADDRESS	<i>4691 N University Drive</i>
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	<i>Coral Springs, FL</i>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* DATE: *4/28/98*

CR2E037 (10/97)