


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90008 033 \*\*\*\*61.25

0026686

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N93000004672**

1. Corporation Name

**CORAL SPRINGS TEE BALL ASSOCIATION, INC.**

Principal Place of Business

4691 N UNIVERSITY DR  
SUITE 453  
CORAL SPRINGS FL 33067  
US

Mailing Address

4691 N UNIVERSITY DR  
SUITE 453  
CORAL SPRINGS FL 33067  
US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/08/1993 4. FEI Number 65-0455477 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
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**\$8.75** Additional Fee Required

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BLAKE, WALTER R. P.A  
1881 N UNIVERSITY DR  
SUITE 100  
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name *Becker, J. Nicholas*  
82 Street Address (P.O. Box Number is Not Acceptable)  
*4691 N University Drive*  
83  
84 City *Coral Springs* FL 85 Zip Code *33067*

11. Pursuant to the provisions of Sections 617.050 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, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRK, T	1.2 NAME	<i>Pitts, Jay</i>
STREET ADDRESS	4691 N UNIVERSITY DR, 458	1.3 STREET ADDRESS	<i>4691 N University Drive</i>
CITY-ST-ZIP	CORAL SPGS FL	1.4 CITY-ST-ZIP	<i>Coral Springs FL</i>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ, C	2.2 NAME	<i>Murphy, Thomas</i>
STREET ADDRESS	4691 N UNIVER DR	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 checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIGGINS, MIKE	3.2 NAME	<i>Wilkinson, Jerry</i>
STREET ADDRESS	4691 N UNIV. DR. #453	3.3 STREET ADDRESS	<i>4691 N University Drive</i>
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	<i>Coral Springs FL</i>
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TESHAZ, R	4.2 NAME	
STREET ADDRESS	4691 N UNVIERSITY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPGS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

*Jay Pitts* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-99

Date

344 2255

Daytime Phone #

CR2E037 (1/98)