

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N95000001276 (3)**

1. Corporation Name

NORTH PALM BEACH GIRL'S SOFTBALL ASSOCIATION, INC.



Principal Place of Business

**11380 PROSPERITY FARMS ROAD
SUITE 204
PALM BEACH GARDENS FL 33410**

Mailing Address

**11380 PROSPERITY FARMS ROAD
SUITE 204
PALM BEACH GARDENS FL 33410**

3. Date Incorporated or Qualified
03/16/1995

3a. Date of Last Report

03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

65-0534815

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

**MEROLA, JAMES R
11380 PROSPERITY FARMS ROAD
SUITE 204
PALM BEACH GARDENS FL 33410**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(If Only Registered Agent Signature Required When Registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D P	<input checked="" type="checkbox"/> DELETE
NAME	SOLLY, JUDY	
STREET ADDRESS	505 GULF ROAD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D VP	<input checked="" type="checkbox"/> DELETE
NAME	SOLLY, DAVE	
STREET ADDRESS	505 GULF ROAD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D S	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, KATHY	
STREET ADDRESS	3700 HOLIDAY ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D T	<input type="checkbox"/> DELETE
NAME	PUYOL, ORLANDO	
STREET ADDRESS	616 LIGHTHOUSE DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D EM	<input checked="" type="checkbox"/> DELETE
NAME	DICKSON, ELLEN	
STREET ADDRESS	539 GULF ROAD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BREEN, MARY	
STREET ADDRESS	9100 REED	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thomas Valente	
1.3 STREET ADDRESS	659 Kingsfish Pl	
1.4 CITY-ST-ZIP	NPB FL 33408	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LISA PETERSEN	
2.3 STREET ADDRESS	1577 Packwood Rd.	
2.4 CITY-ST-ZIP	NO. Palm Beach, FL. 33408	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gerard Arsenault	
3.3 STREET ADDRESS	1161 Emerald Drive	
3.4 CITY-ST-ZIP	Singer Isle, FL. 33404	
4.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	David Smith	
5.3 STREET ADDRESS	518 MARLIN Rd.	
5.4 CITY-ST-ZIP	N. Palm Bch., FL 33408	
6.1 TITLE	President Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Rebecca Walker	
6.3 STREET ADDRESS	807 Easterly Rd.	
6.4 CITY-ST-ZIP	N. Palm Bch., FL. 33408	

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96 (407) 820 8001

CR2E037 (12/95)