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Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001276 (3)

1. Corporation Name

NORTH PALM BEACH GIRL'S SOFTBALL ASSOCIATION, IN  
C.

Principal Place of Business

Mailing Address

11380 PROSPERITY FARMS ROAD  
SUITE 204  
PALM BEACH GARDENS FL 33410

11380 PROSPERITY FARMS ROAD  
SUITE 204  
PALM BEACH GARDENS FL 33410



2. Principal Place of Business

2a. Mailing Address

21 14103

26 P.O. Box 14103

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

North Palm Beach, Fl.

28 City & State

North Palm Beach, Fl.

24 Zip

33408

25 Country

29 Zip

33408

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/16/1995

4. FEI Number

65-0534815

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners' association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

Gerard Arsenault

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

109 So. Anchorage Drive

83

84 City

North Palm Beach FL

85 Zip Code

33408

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME VALENTE, THOMAS  
STREET ADDRESS 659 KINGFISH PLACE  
CITY-ST-ZIP NORTH PALM BEACH FL

TITLE D ☐ DELETE

NAME PATERSEN, LISA  
STREET ADDRESS 1577 PACKWOOD ROAD  
CITY-ST-ZIP NORTH PALM BEACH FL

TITLE TD ☐ DELETE

NAME ARSENAULT, GERARD  
STREET ADDRESS 1101 EMERALD DRIVE  
CITY-ST-ZIP WINGER ISLE FL

TITLE D ☒ DELETE

NAME SMITH, DAVID  
STREET ADDRESS 518 MARLIN ROAD  
CITY-ST-ZIP NORTH PALM BEACH FL

TITLE VD ☐ DELETE

NAME WALKER, REBECCA  
STREET ADDRESS 807 EASTERLY ROAD  
CITY-ST-ZIP NORTH PALM BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/98 (561) 840-1580

CP2E037 (1097)