

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90104 026 ****61.25

0064270

DOCUMENT # N95000002275

1. Corporation Name

NORTH NAPLES LITTLE LEAGUE, INC.

Principal Place of Business

NAPLES PARK
685 111TH AVE N
NAPLES FL 34110
US

Mailing Address

C/O DUFFY, CATHERINE C.
380 SHARWOOD DR
NAPLES FL 34110
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/10/1995

4. FEI Number

52-1287639

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

DUFFY, CATHERINE C.
380 SHARWOOD DR
NAPLES FL 34110

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

CATHERINE C. DUFFY, TREASURER 1/11/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WAUGH, D. STEVEN
STREET ADDRESS 8124 LAS PALMAS WAY
CITY-ST-ZIP NAPLES FL 34109 ☐ DELETETITLE V
NAME LIETH, BRIAN
STREET ADDRESS 6700 TRAIL BLVD
CITY-ST-ZIP NAPLES FL 34108 ☐ DELETETITLE V
NAME ORTENGREN, BRETT
STREET ADDRESS 7537 CITRUS HILL LANE
CITY-ST-ZIP NAPLES FL 34109 ☒ DELETETITLE T
NAME DUFFY, CATHERINE C.
STREET ADDRESS 380 SHARWOOD DR
CITY-ST-ZIP NAPLES FL 34110 ☐ DELETETITLE S
NAME GUETANO, DEBORAH
STREET ADDRESS 483 HUNTINGTON DR
CITY-ST-ZIP NAPLES FL 34109 ☒ DELETETITLE D
NAME BREZOVSKY, PAUL
STREET ADDRESS 2103 MISSION DR
CITY-ST-ZIP NAPLES FL 34109 ☐ DELETE

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-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D KAREN Monzone
3.3 STREET ADDRESS 10176 Boca Ct
3.4 CITY-ST-ZIP Naples, FL 341094.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☒ Change ☐ Addition
5.2 NAME S Leslie Lehmann
5.3 STREET ADDRESS 2245 Imperial Golf Course Blvd.
5.4 CITY-ST-ZIP Naples, FL 341106.1 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, with all other like empowered.

SIGNATURE: CATHERINE C. DUFFY, TREASURER 1/11/99 941-591-7977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)