FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORA			Secretary of State
DOCUMENT # N9500005147 (2)				
TAMPA BAY LOOKOUTS SOFTBALL ASSOCIATION, INC.				
Principal Place	e of Business	Mailing Address		
15601 INDIAN QUEEN DR. 15601 INDIAN QUEEN DR. ODESSA FL 33556-3012 ODESSA FL 33556-3012				3. Date Incorporated or Qualified 10/27/1995
13527 Bellingham Ocive				4. FEI Number Applied For Not Applicable
2. Principal Pi	ace of Business	26 /3527 Bel	linghom L	5. Certificate of Status Desired
Suite, Apt.	t, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & Stalle		7. ts this nonprofit corporation a homeowners association?
Zip	Country	Z'921 25	Country 30 USA	8. This corporation owes or has paid the current year intaggible Personal Property Tax due June 30. Yes ANO
491	9. Name and Address of Currer		81 Name	10. Name and Address of New Registered Agent
LADD, DENNA R 15601 INDIAN QUEEN DR. ODESSA FL 33556-3012 83 83				Neena K Ladd Address (P.O. Box Number, is Not Acceptable) Say Bellingham Drive Tampa FL 85 Zyg. Code 333/025
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 offic, 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 stinled name of replatated and OFFICERS AN		Registered Agent signature	required when reinetating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P/D	DELETE	1.1 TIYLE	P/D
NAME	LADD, DENNA R		1.2 NAME	Deena Ladd
STREET ADDRESS	15601 INDIAN QUEEN DR.		1.3 STREET ADDRESS	13527 Bellingham Drive
CITY-ST-ZWP	ODESSA FL 33556-3012		1.4 CITY-ST-ZIP	Tampa FL 33685
TITLE	V/D	DELETE	2.1 TITLE	VID Change ☐ Addition ☐
NAME	John M. Haintz 15601 indian Queen dr.	•	2.2 NAME	11610 Painted Hills Lane
STREET ADDRESS CITY-ST-ZIP	ODESSA FL		2.3 STREET ADDRESS 2.4 City-St-Zip	Tampa FL 33624
TITLE	S/D	DELETE	3.1 TITLE	5/D Addition
NAME	SIEBERT, NIDIA	•	3.2 NAME	Pamela Teles
STREET ADDRESS	4604 PLAYER CT.		3.3 STREET ADDRESS	11610 Painted Hills Lane
CITY-ST-ZIP	TAMPA FL		3.4. CITY-ST-ZIP	Tampa FL 33624
TITLE	T/D	DELETE	4.1 TITLE	TTD Marlene Tamayo 13327 Bellingham Prive Tampa FL 33625
NAME	HAINTZ, EDNA 15601 INDIAN QUEEN DR.		4. 2 NAME	Mariene lamayo
STREET ADDRESS	ODESSA FL 33556-3012		4.3 STREET ADDRESS	Taman E1 32425
CITY-ST-ZIP TITLE	ODEOON IE SOUGOUIE	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Tarrypa 1-2 33@a 3 ☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
L CITY-ST-ZIP			6.4 CITY-ST-ZIP	l L

11. Thereby 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 suppliemental 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 of on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

813-960-3196

FILED

Mar 23 1998 8:00am