

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000750

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: CALOOSA PARK SOFTBALL CLUB, INC.

**Current Principal Place of Business:**

P O BOX 1481  
BOYNTON BEACH, FL 33425

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1481  
BOYNTON BEACH, FL 33425

**New Mailing Address:**

FEI Number: 65-0648485

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BELL, TONY  
1123 RIALTO DR  
BOYNTON BEACH, FL 33436 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BELL, TONY  
Address: 1123 RIALTO DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D ( ) Delete  
Name: STATLER, GEOFF  
Address: 605 N SWINTON AVE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: ST ( ) Delete  
Name: DRISCOLL, KIMBERLY A  
Address: 324 SPRUCE ST.  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: V ( ) Delete  
Name: GRANT, CHRISTOPHER  
Address: 1201 SW 25TH PL.  
City-St-Zip: BOYNTON BEACH, FL 33426

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY A DRISCOLL

ST

04/27/2006

Electronic Signature of Signing Officer or Director

Date