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Apr 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005423 (6)**

1. Corporation Name

**LEE COUNTY SOFTBALL LEAGUE, INC.**

Principal Place of Business

Mailing Address

**6900-29 DANIELS PARKWAY, SUITE 308  
FT MYERS FL 33912**

**6900-29 DANIELS PARKWAY, SUITE 308  
FT MYERS FL 33912**



3. Date Incorporated or Qualified

**10/21/1996**

4. FEI Number

**65-0708655**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FAULK, THOMAS JR  
1625 HENDRY ST, SUITE 301  
FT MYERS FL 33901**

**81** Name **KOPPLER, DION**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**1515 SUNKIST WAY**

**83**

**84** City **FT. MYERS,** **FL** **85** Zip Code **33905**

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 **Dion Koppler** **DION KOPPLER** **PRESIDENT**

**3/28/98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **FAULK, THOMAS**  
STREET ADDRESS **2220 TREEHAVEN CIRCLE**  
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE **D** ☐ DELETE  
NAME **KOPPLER, DION**  
STREET ADDRESS **1515 SUNKIST WAY**  
CITY-ST-ZIP **FT MYERS FL 33905**

TITLE **D** ☐ DELETE  
NAME **HORNE, DENISE**  
STREET ADDRESS **2454 GRAND AVE**  
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **D** ☒ DELETE  
NAME **CONGDON, BETTY**  
STREET ADDRESS **528 HANCOCK BRIDGE PARKWAY**  
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **D** ☐ DELETE  
NAME **VALENTE, SAL**  
STREET ADDRESS **318 SE 43RD LANE**  
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Dion Koppler** **DION KOPPLER**

**3/26/98**

**941-748-2525**

CR2E037 (10/97)