

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000005652

**FILED**  
**Oct 11, 2005**  
**Secretary of State**

**Entity Name:** SOUTHWESTERN PORT ST. LUCIE LITTLE LEAGUE, INC.

**Current Principal Place of Business:**

800 SW DARWIN BLVD  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

800 SW DARWIN BLVD  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

265 S.W. PORT ST. LUCIE BLVD.  
SUITE #192  
PORT ST. LUCIE, FL 34984

**New Mailing Address:**

**FEI Number:** 59-2156222      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MAROTTA, ANGELA  
1737 SW HAYLAKE AVE  
PORT SAINT LUCIE, FL 34953      US

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

OCTAVI, DANIEL  
2301 SW IVORY ROAD  
PORT ST. LUCIE, FL 34953      US

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: DANIEL OCTAVI

10/11/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MAROTTA, ANGELA  
Address: 1737 HAYLAKE AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VPD      ( ) Delete  
Name: RIZZO, AL  
Address: 882 SW WORCHESTER LANE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: T      ( ) Delete  
Name: SAUBER, HEIDI  
Address: 1129 SW E LOUISE CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S      ( ) Delete  
Name: AUBRY, COLLEEN  
Address: 1992 SW AARON LANE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D      (X) Delete  
Name: MORSE, SHANA  
Address: 3166 SW FAMBROUGH ST  
City-St-Zip: PORT ST. LUCIE, FL 34953

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

Title: PD      (X) Change ( ) Addition  
Name: OCTAVI, DANIEL J  
Address: 2301 SW IVORY ROAD  
City-St-Zip: PORT ST. LUCIE, FL 34953

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

Title: TD      (X) Change ( ) Addition  
Name: TRIMARCO, ROBERT  
Address: 123 SW SEBRING CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S      (X) Change ( ) Addition  
Name: MIDDLETON, LISA  
Address: 2982 SW VAN BUREN  
City-St-Zip: PORT ST. LUCIE, FL 34953

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 Section 119.07(3)(i), 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: ROBERT TRIMARCO

T

10/11/2005

Electronic Signature of Signing Officer or Director

Date