

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000000366

FILED  
Nov 10, 2009  
Secretary of State

**Entity Name:** TREASURE COAST VOLLEYBALL, INC.

**Current Principal Place of Business:**

P. O. BOX 1706  
STUART, FL 34995 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1706  
STUART, FL 34995 US

**New Mailing Address:**

**FEI Number:** 65-0725938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAWTELLE, MICHAEL  
1133 SE 10TH ST  
STUART, FL 34996 US

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

SKIDMORE, STEPHANIE  
1291 PARKVIEW PLACE #18  
STUART, FL 34994 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: STEPHANIE SKIDMORE

11/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SAWTELLE, MIKE  
Address: 1133 SE 10TH ST  
City-St-Zip: STUART, FL 34996

Title: T ( ) Delete  
Name: WICKSTROM, BLAIR  
Address: 270 CARDINAL WAY  
City-St-Zip: STUART, FL 34996

Title: T ( ) Delete  
Name: SKIDMORE, STEPHANIE  
Address: 1291 PARKVIEW PLACE #18  
City-St-Zip: STUART, FL 34994

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

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

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

Title: T (X) Change ( ) Addition  
Name: TRIPP, PATTI  
Address: 5288 EAGLE LAKE DR  
City-St-Zip: JUPITER, FL 33418

I hereby certify that the information supplied with this filing does not qualify 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: PAUL MASON TRIPP

MR

11/10/2009

Electronic Signature of Signing Officer or Director

Date