

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 AUG 28 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000466			
1. Entity Name CLERMONT GIRLS SOFTBALL LEAGUE, INC.			
Principal Place of Business POB 121344 CLERMONT, FL 34712 US		Mailing Address POB 121344 CLERMONT, FL 34712 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3429222		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOUL, KENNETH E 9900 CANAL ZONE WAY CLERMONT, FL 34711		Name Anita R. Geraci, Esquire Street Address (P.O. Box Number is Not Acceptable) 1635 East Highway 50, Suite 300 City Clermont FL Zip Code 34711	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Anita R. Geraci</i>		DATE 8-24-06	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WALTERS, M. RENEE 10534 VISTA DEL SOL CIRCLE CLERMONT, FL 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/Director Hank Largin 3838 Beacon Ridge Way Clermont, FL 34711 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GAUL, KENNETH E 9900 CANAL ZONE WAY CLERMONT, FL 34711 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President/Director Susan Clauss 1562 Muir Circle Clermont, FL 34711 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD OLAFSEN, KIRSTEN 121 LOMBARD CIRCLE CLERMONT, FL 34711 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400079281574 08/30/06--01052--015 **\$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LARGIN, HANK 1475 MUIR CIRCLE CLERMONT, FL 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Susan Clauss</i>		8/24/06 362-394-2103	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

8/28
aw