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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000594 (8)**

1. Corporation Name

SOUTH PALM SUN DEVILS SOFTBALL ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

**8187 STAGECOACH LANE
BOCA RATON FL 33496**

**8187 STAGECOACH LANE
BOCA RATON FL 33496**

3. Date Incorporated or Qualified

01/30/1997

4. FEI Number

267291610

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 21128 Shady Vista Lane

26 21128 Shady Vista Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23 Boca Raton, Florida

28 Boca Raton, Florida

24
Zip

25
Country

29
Zip

30
Country

33428

USA

33428

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETRACCO, PETER A
8187 STAGECOACH LANE
BOCA RATON FL 33496**

81 Name

Michael Ryan

82 Street Address (P.O. Box Number is Not Acceptable)

21128 Shady Vista Lane

83

84 City

Boca Raton,

FL

85 Zip Code

33428

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

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

Michael Ryan

(NOTE: Registered Agent signature required when reinstating)

3/18/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SNELL, ROBERT	
STREET ADDRESS	9011 SW 5TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33433	

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thomas Hannigan	
1.3 STREET ADDRESS	10545 Ermine Avenue	
1.4 CITY-ST-ZIP	Boca Raton, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DELLA ROCCA, JOSEPH	
STREET ADDRESS	2204 NW 23RD AVE.	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	

2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michael Ryan	
2.3 STREET ADDRESS	21128 Shady Vista Lane	
2.4 CITY-ST-ZIP	Boca Raton, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETRACCO, PETER A	
STREET ADDRESS	8187 STAGECOACH LANE	
CITY-ST-ZIP	BOCA RATON FL 33496	

3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kathleen Petracco, A.D.U.S.	
3.3 STREET ADDRESS	777 Glades Road	
3.4 CITY-ST-ZIP	Boca Raton, FL 33432	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael Ryan

Michael Ryan 3/18/98 561/391-8797

CR2E037 (10/97)