Applied For

Not Applicable

## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **N97000000594**

## SOUTH PALM SUN DEVILS SOFTBALL ASSOCIATION, INCO -**RPORATED**

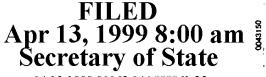
Princi	pal Plac	e of B	usiness
	SHADY RATON		

Suite, Apt. #, etc.

Mailing Address

Suite, Apt. #, etc.

27



04-13-1999 90062 044 \*\*\*\*61.25

128 SHADY VISTA LANE XCA RATON FL 33428 3	21128 SHADY VISTA LANE BOCA RATON FL 33428 US						
Principal Place of Business	2a. Mailing Address	<u></u> .	Date Incorporated or Qualifed O1/30/1997	<u> </u>			

FEI Number

26-7291610

City & Stat	& State City & State			5. Certificate of Status Desired							
Zip	Country	Zip	30	Country	/			Campaign Financing		\$5.00 Added to	•
24	24 25 29 30 30 9. Name and Address of Current Registered Agent			<u>'</u>	10. Name and Address of New Registered Agent						
<del></del>	V. Haine and Address of Carrent	togiotorou rigi		81	Nan	ne					
	· .				<u>.                                    </u>	<u> </u>	<u></u>				`
RYAN, MI				82	! Stre	et Addres	ss (P.O. Box N	umber is Not Accept	(able)		
	ADY VISTA LANE			83	1						-3-
BOCA RA	TON.FL 33428	مستخدمت ي									<del></del>
ļ				84	City				FI	85 Zip C	Code
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508,	Florida Statutes,	the abov	e-nam	ed corpor	ation submits	his statement for the	purpose of	changing its	registered
office or r	registered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such d	change was auth	orized by	the co	orporation	's board of dire	ectors. I hereby acce	pt the appoi	ntment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered agent a	- 1 Mar 16 17 1.1 -	MOTE: B-	coletered Are	et elenati	re required to	vhen reinstating)		DATE.		<del></del>
12.	OFFICERS AND		(NOTE: No	13.	in signas	aro roquico i		S/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12
TITLE	D ON ICERS AND		DELETE	1.1 TITLE	•					Change	Addition
NAME	HANNIGAN, THOMAS			1.2 NAME							
STREET ADDRESS	10545 ERMINE AVENUE			1.3 STREE	TADDRE	ss			•		
CITY-ST-ZIP	BOCA RATON FL 33428			1.4 CITY-8	ST-21P						
TITLE	D		DELETE	2.1 TITLE						Change	☐ Addition
NAME	RYAN, MICHAEL			2.2 NAME							
STREET ADDRESS	21128 SHADY VISTA LNAE			2.3 STREE	TADDRE	:ss					
CITY-ST-ZIP	BOYNTON BEACH FL 33428		• •	2.4 CITY-	ST-ZIP	ļ					,
TITLE	D		DELETE	3.1 TITLE						Change	- Addition
NAME	PETRACCO, KATHLEEN ADUS		٤.,	3.2 NAME							James
STREET ADDRESS			,	3.3 STREE	T ADDRE	ss				•	
CITY-ST-ZIP	BOCA RATON FL 33432			3.4. CITY-	ST-ZIP					·	
TITLE		1	DELETE	4.1 TITLE						Change 🗀	Addition
NAME				4, 2 NAME							
STREET ADDRESS				4.3 STREE	T ADDRE	ss					
CITY-ST-ZIP	1			4.4 CITY-1	ST-ZIP_				···	١	
TITLE			DELETE	5.1 TITLE			_			Change	☐ Addition
NAME				5.2 NAME							

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, with all other like empowered.

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY+ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

☐ Addition