

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005113

FILED
Jun 15, 2009
Secretary of State

Entity Name: WEST BOCA RATON SOFTBALL ASSOCIATION, INC.

Current Principal Place of Business:

20194 BACK NINE DRIVE
BOCA RATON, FL 33498

New Principal Place of Business:

Current Mailing Address:

20194 BACK NINE DRIVE
BOCA RATON, FL 33498

New Mailing Address:

FEI Number: 65-0789837 **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:

POLIMENI, CHRISTOPHER V
20194 BACK NINE DRIVE
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOVY, BLAIR
Address: 11861 ISLAND LAKES LANE
City-St-Zip: BOCA RATON, FL 33498

Title: VD () Delete
Name: MULROY, DAVE
Address: 9427 RICHMAN DRIVE
City-St-Zip: BOCA RATON, FL 33434

Title: TD () Delete
Name: POLIMENI, CHRISTOPHER V
Address: 20194 BACK NINE DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: SD () Delete
Name: POLIMENI, JEANINE L
Address: 20194 BACK NINE DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: VD () Delete
Name: NORTON, GREGG
Address: 19137 CLOISTER LAKE LANE
City-St-Zip: BOCA RATON, FL 33498

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: VD () Change (X) Addition
Name: KRUEMPEL, CRAIG
Address: 22300 SANDS POINT DRIVE
City-St-Zip: BOCA RATON, FL 33433

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: CHRISTOPHER POLIMENI

TD

06/15/2009

Electronic Signature of Signing Officer or Director

Date