

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90143 019 \*\*\*\*70.00

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1. Corporation Name

GOLDEN GATE HEATWAVE SOFTBALL ASSOCIATION, INC.

Principal Place of Business

C/O MR. JORGE J. SARDINA  
4795 GOLDEN GATE PARKWAY  
GOLDEN GATE FL 34116

Mailing Address

C/O MR. JORGE J. SARDINA  
4795 GOLDEN GATE PARKWAY  
GOLDEN GATE FL 34116



2. Principal Place of Business

21 2261 16th Ave SW

2a. Mailing Address

26 2261 16th Ave SW

3. Date Incorporated or Qualified

05/22/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3509014

Applied For

Not Applicable

City & State

23 Naples FL

City & State

28 Naples FL

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

Zip Country

24 34117 25

Zip Country

29 34117 30

6. Election Campaign Financing

□

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

STEWART, JAMES C JR  
2121 COUNTY ROAD 951  
SUITE 101  
GOLDEN GATE FL 33999

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME SARDINA, JORGE M  
STREET ADDRESS 4795 GOLDEN GATE PARKWAY  
CITY-ST-ZIP GOLDEN GATE FL 34116

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME HEINTZ, LYDIA M  
STREET ADDRESS 2301 COUNTY ROAD 951  
CITY-ST-ZIP GOLDEN GATE FL 34116

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME O'GREEN, MICHAEL M  
STREET ADDRESS 2514 44TH TERRACE S.W.  
CITY-ST-ZIP GOLDEN GATE FL 34116

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME LISA BOWEN  
STREET ADDRESS 4818 CORTEZ CIR  
CITY-ST-ZIP NAPLES FL 34112

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SARDINA, JORGE M

4/19/99

941-352-3414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)

0084572