# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000002781

Entity Name: PARKLAND SOFTBALL ASSOCIATION, INC.

FILED Feb 13, 2009 Secretary of State

rincipal Place of Business:

6575 NW 76TH DRIVE PARKLAND, FL 33067

Current Mailing Address: New Mailing Address:

6350 NW 77TH CT PARKLAND, FL 33067

FEI Number: 26-5110269 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUSSO, EDWIN F 6350 NW 77TH CT PARKLAND, FL 33067 US

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:

Flackway is Competing of Devictors of Appet

### Electronic Signature of Registered Agent

### Date

#### **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VPD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 PETERSON, MIKE
 Name:
 RUSSO, EDWIN

 Address:
 10922 NW 70TH CT
 Address:
 6575 NW 76TH DRIVE

 City-St-Zip:
 PARKLAND, FL 33076
 City-St-Zip:
 PARKLAND, FL 33067

(X) Change ( ) Addition Title: SD ( ) Delete Title: Name: RUSSO, EDWIN Name: MOCKENHAUPT, MICHELE Address: 6350 NW 77TH CT Address: 6575 NW 76TH DRIVE City-St-Zip: PARKLAND, FL 33067 City-St-Zip: PARKLAND, FL 33067

Title: TD ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 RUSSO, SHASTINE
 Name:
 SALOMON, ED

 Address:
 6350 NW 77TH CT
 Address:
 6575 NW 76TH DRIVE

 City-St-Zip:
 PARKLAND, FL 33067
 City-St-Zip:
 PARKLAND, FL 33067

 Name:
 MANNO, JOE
 Name:
 RUSSO, SHASTINE

 Address:
 6433 NW 58TH WAY
 Address:
 6575 NW 76TH DRIVE

 City-St-Zip:
 PARKLAND, FL 33067
 City-St-Zip:
 PARKLAND, FL 33067

Title: BD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MANNO, MJ
 Name:

 Address:
 6433 NW 58TH WAY
 Address:

 City-St-Zip:
 PARKLAND, FL 33067
 City-St-Zip:

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: EDWIN RUSSO PD 02/13/2009