

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725685

**Entity Name:** SEMINOLE YOUTH ATHLETIC ASSOCIATION, INC.

**Current Principal Place of Business:**

12100 90TH AVE N  
SEMINOLE, FL 33772

**Current Mailing Address:**

113TH STREET  
POST OFFICE BOX 3314  
SEMINOLE, FL 33775 US

**FEI Number:** 59-1462643

**Certificate of Status Desired:** No

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

HARTOG, STACY  
7855 LAKE VISTA DR.  
SEMINOLE, FL 33772 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            SESSA, JOHN  
Address        1876 LAKE AVE. SE  
                  SUITE A  
City-State-Zip: LARGO FL 33771

Title            SECRETARY, DIRECTOR  
Name            MCKENNA, JACQUIE  
Address        9952 EAST GULF STREET  
City-State-Zip: SEMINOLE FL 33776

Title            TREASURER, DIRECTOR  
Name            HARTOG, STACY  
Address        7855 LAKE VISTA DR.  
City-State-Zip: SEMINOLE FL 33772

Title            VP, DIRECTOR  
Name            RISSIN, ANDREW  
Address        8417 140TH STREET  
City-State-Zip: SEMINOLE FL 33776

*I hereby 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 all other like empowered.*

**SIGNATURE: JOHN SESSA**

**PRESIDENT**

**04/02/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date