

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725685

FILED
Mar 25, 2020
Secretary of State
8218780469CC

Entity Name: SEMINOLE YOUTH ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

12100 90TH AVE N
SEMINOLE, FL 33772

Current Mailing Address:

POST OFFICE BOX 3314
SEMINOLE, FL 33775 US

FEI Number: 59-1462643

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SESSA, JOHN
12100 90TH AVE. NORTH
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: JOHN SESSA

03/25/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name PEREZ, MAX JR.
Address POST OFFICE BOX 3314
City-State-Zip: SEMINOLE FL 33775

Title DIRECTOR, VP
Name PIOVANO, ALEX
Address POST OFFICE BOX 3314
City-State-Zip: SEMINOLE FL 33775

Title DIRECTOR
Name MCLACHLAN, BRYAN
Address POST OFFICE BOX 3314
City-State-Zip: SEMINOLE FL 33775

Title DIRECTOR, SECRETARY
Name PEREZ, ASHLEY
Address POST OFFICE BOX 3314
City-State-Zip: SEMINOLE FL 33775

Title DIRECTOR
Name FECAROTTA, JOHN
Address POST OFFICE BOX 3314
City-State-Zip: SEMINOLE FL 33775

Title DIRECTOR
Name SHELDON, JOHN
Address POST OFFICE BOX 3314
City-State-Zip: SEMINOLE FL 33775

Title DIRECTOR
Name KIMBRELL, JIM
Address POST OFFICE BOX 3314
City-State-Zip: SEMINOLE FL 33775

Title DIRECTOR, TREASURER
Name SYLVIA, CYNDI
Address POST OFFICE BOX 3314
City-State-Zip: SEMINOLE FL 33775

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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

DIRECTOR

03/25/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PEREZ, MAX III
Address POST OFFICE BOX 3314
City-State-Zip: SEMINOLE FL 33775

Title DIRECTOR
Name GLAZIER, DAVID
Address POST OFFICE BOX 3314
City-State-Zip: SEMINOLE FL 33775

Title DIRECTOR
Name SESSA, JOHN
Address POST OFFICE BOX 3314
City-State-Zip: SEMINOLE FL 33775