

2024 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:

POST OFFICE BOX 3314
SEMINOLE, FL 33775 US

FEI Number: 59-1462643

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TIKKANEN, TROY
12100 90TH AVE N
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: TROY TIKKANEN

04/24/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name TIKKANEN, TROY
Address POST OFFICE BOX 3314
City-State-Zip: SEMINOLE FL 33775

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

Title DIRECTOR, TREASURER
Name FELTEN, AMANDA A
Address 5453 CENTRAL AVE
City-State-Zip: SAINT PETERSBURG FL 33777

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

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

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

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

Title DIRECTOR
Name PIOVANO, ALEX
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: AMANDA A. FELTEN

TREASURER

04/24/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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