


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N16041**  
 1. Entity Name  
**SAN CARLOS PARK SCORPION SOCCER CLUB, INC.**



Principal Place of Business  
 18251 THREE OAK PARKWAY  
 FORT MYERS, FL 33912 US

Mailing Address  
 P.O. BOX 894  
 ESTERO, FL 33928

**DO NOT WRITE IN THIS SPACE**



03232004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
 NOT APPLICABLE

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LIENHARDT, JAMIE**  
 9998 ROOKERY CIRCLE  
 ESTERO, FL 33928

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000096981  
 03/26/04-80020-014 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FITZGERALD, AMY 19068 MURCOTT DR E FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FITZGERALD, AMY 19068 MURCOTT DR E FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LIENHARDT, JAMIE 17393 FUCHSIA RD FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CHERRY, BETH 6024 PERTSHIRE LN FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Amy Fitzgerald* **3/23/04** **239-454-8500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if