

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 17, 2008  
Secretary of State**

DOCUMENT# N16041

Entity Name: SAN CARLOS PARK SCORPION SOCCER CLUB, INC.

**Current Principal Place of Business:**

18251 THREE OAKS PARKWAY  
FORT MYERS, FL 33967 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 894  
ESTERO, FL 33928

**New Mailing Address:**

FEI Number: 59-2656076      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LIENHARDT, JAMIE  
9998 ROOKERY CIRCLE  
ESTERO, FL 33928 US

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

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

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: FITZGERALD, AMY  
Address: 19068 MURCOTT DR E  
City-St-Zip: FORT MYERS, FL 33967

Title: TD ( ) Delete  
Name: FITZGERALD, AMY  
Address: 19068 MURCOTT DR E  
City-St-Zip: FORT MYERS, FL 33967

Title: PD ( ) Delete  
Name: LIENHARDT, JAMIE  
Address: 9998 ROOKERY CIRCLE  
City-St-Zip: ESTERO, FL 33928

Title: VD (X) Delete  
Name: CHERRY, BETH  
Address: 108 BAY MAR DRIVE  
City-St-Zip: FORT MYERS BEACH, FL 33931

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JAMIE LIENHARDT

PD

04/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date