
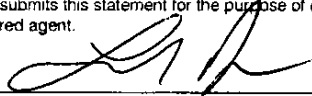
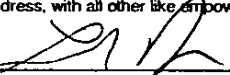


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 30 AM 9:29

DOCUMENT # N16041 1. Entity Name SAN CARLOS PARK SCORPION SOCCER CLUB, INC.					
Principal Place of Business 18251 THREE OAKS PARKWAY FORT MYERS, FL 33967 US		Mailing Address P.O. BOX 894 ESTERO, FL 33928			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2656076	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LIENHARDT, JAMIE 9998 ROOKERY CIRCLE ESTERO, FL 33928			Name <u>Laura Barrow</u> Street Address (P.O. Box Number is Not Acceptable) <u>18136 Horseshoe Bay Cir</u> City <u>FT Myers</u> <u>FL</u> Zip Code <u>33967</u>		
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 <u>5/10/08</u>		
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	██████████	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZGERALD, AMY		NAME	Julio Villanueva	
STREET ADDRESS	19068 MURCOTT DR E		STREET ADDRESS	1889 Fern Road	
CITY-ST-ZIP	FORT MYERS, FL 33967		CITY-ST-ZIP	FT Myers, FL 33967	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZGERALD, AMY		NAME	Laura Barrow	
STREET ADDRESS	19068 MURCOTT DR E		STREET ADDRESS	18136 Horseshoe Bay Cir	
CITY-ST-ZIP	FORT MYERS, FL 33967		CITY-ST-ZIP	FT Myers, FL 33967	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	██████████	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIENHARDT, JAMIE		NAME	██████████	
STREET ADDRESS	9998 ROOKERY CIRCLE		STREET ADDRESS	300130930643	
CITY-ST-ZIP	ESTERO, FL 33928		CITY-ST-ZIP	06/05/08--01051--011 **61.25	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Lori Mondzelewski	
STREET ADDRESS			STREET ADDRESS	1733 Oriole Rd	
CITY-ST-ZIP			CITY-ST-ZIP	FT Myers, FL 33967	
TITLE		<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Wendy Bost	
STREET ADDRESS			STREET ADDRESS	9124 Bryant Rd	
CITY-ST-ZIP			CITY-ST-ZIP	FT Myers, FL 33967	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			DATE: <u>5/10/08</u> 239-4700-4355		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

6/2/08