

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N28067 (9)**

1. Corporation Name

**COOPER CITY ATHLETIC ASSOCIATION, INC.**



Principal Place of Business: C/O JOAQUIM RASGADO, JR. 11370 LAKESHORE DR. COOPER CITY FL 33026-1100  
Mailing Address: C/O JOAQUIM RASGADO, JR. 11370 LAKESHORE DR. COOPER CITY FL 33026-1100

3. Date Incorporated or Qualified: **08/26/1988**  
3a. Date of Last Report: **03/08/1995**  
4. FEI Number: **65-0080844**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-23) and Mailing Address (24-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **RASGADO, JOAQUIM JR 11370 LAKESHORE DR. COOPER CITY FL 33026**

10. Name and Address of New Registered Agent (81-85):  
81 Name: **SAME**  
82 Street Address (P.O. Box Number is Not Acceptable): **SAME**  
83 City: **SAME**  
84 City: **FL**  
85 Zip Code: **112496**

11. Pursuant to the provisions of Sections 617.0802 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1/24/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOAQUIM, RASGADO, JR.	
STREET ADDRESS	11370 LAKESHORE DRIVE	
CITY - ST - ZIP	COOPER CITY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NEWMAN, ROBIN S.	
STREET ADDRESS	9532 SEA TURTLE DRIVE.	
CITY - ST - ZIP	PLANTATION FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SALUS, LYNNE	
STREET ADDRESS	10081 NW 3RD CT	
CITY - ST - ZIP	PLANTATION FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AVERBACH, CHARLES	
STREET ADDRESS	1020 SW 93RD AVE	
CITY - ST - ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JOAQUIN RASGADO JR	
13 STREET ADDRESS	11370 LAKESHORE DR.	
14 CITY - ST - ZIP	COOPER CITY, FL 33026-1100	
21 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	HOWARD CHODAK	
23 STREET ADDRESS	3395 PINEWALK DR. N # 210	
24 CITY - ST - ZIP	MARGATE, FL 33062	
31 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	LYNNE SALUS	
33 STREET ADDRESS	10081 NW 3 CT	
34 CITY - ST - ZIP	PLANTATION, FL	
41 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	CHARLES AUERBACH	
43 STREET ADDRESS	1020 SW 93 AV	
44 CITY - ST - ZIP	PLANTATION, FL	
51 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	SHERRIL COLOMBO	
53 STREET ADDRESS	620 TENNIS CLUB DR. #109	
54 CITY - ST - ZIP	FT. LAUDERDALE, FL 33311	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/24/96** DAYTIME PHONE: **(954) 4320270**

CR2E037 (12/95)