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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
C/O JOAQUIM RASGADO, JR.
11370 LAKESHORE DR.
COOPER CITY FL 33026-1100
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 02/02/1996
4. FEI Number 65-0080844
Applied For Not Applicable
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE CD DELETE
NAME RASGADO, JOAQUIM JR.
STREET ADDRESS 11370 LAKESHORE DRIVE
CITY-ST-ZIP COOPER CITY FL
TITLE VD DELETE
NAME NEWMAN, ROBIN S.
STREET ADDRESS 9532 SEA TURTLE DRIVE.
CITY-ST-ZIP PLANTATION FL
TITLE SD DELETE
NAME SALUS, LYNNE
STREET ADDRESS 10081 NW 3RD CT
CITY-ST-ZIP PLANTATION FL 33324
TITLE TD DELETE
NAME AVERBACH, CHARLES
STREET ADDRESS 1020 SW 93RD AVE
CITY-ST-ZIP PLANTATION FL
TITLE PD DELETE
NAME CHODAK, HOWARD
STREET ADDRESS 3395 PINEWALK DR. N., #210
CITY-ST-ZIP MARGATE FL
TITLE VD DELETE
NAME COLOMBO, SHERRIL
STREET ADDRESS 620 TENNIS CLUB DR., #109
CITY-ST-ZIP FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD Change Addition
1.2 NAME RASGADO, JOAQUIM JR.
1.3 STREET ADDRESS 11370 LAKESHORE DR.
1.4 CITY-ST-ZIP COOPER CITY, FL 33026
2.1 TITLE VD Change Addition
2.2 NAME MICHAEL WENGRIN
2.3 STREET ADDRESS 3711 NE 26 AV
2.4 CITY-ST-ZIP LIGHTHOUSE PT., FL 33064
3.1 TITLE Change Addition
3.2 NAME SAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME SAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME CHODAK, HOWARD
5.3 STREET ADDRESS 3395 PINEWALK DR., N., #210
5.4 CITY-ST-ZIP MARGATE, FL 33063
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: _____ DATE: 1/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0024019

CR2E037 (9/96)