FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jun 19 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

N40483

(2)

COCONUT CREEK SOCCER CLUB, INC.

-									
Principal Place of Business		Mailing Address					DIAM DIEN DI		
900 NW 43 AVE COCONUT CREEK FL 33066-1535		900 NW 43 AVE COCONUT CREEK FL 3:	3066-1535						
••						3. Date Incorporated or Qualified 10/24/1990	1 3a. I	Date of Lat 05/01/	
—	Place of Business	2a. Mailing Address			4. FEI Number Applied For				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				59-2831466 Not Applicable			
22	π, οιο.	27				5. Certificate of Status Desired	×		75 Additional e Required
City & State		City & State				6. Election Campaign Financing			OO May Be
23		28				Trust Fund Contribution		•	ded to Fees
Zip	Country	Zip	30 Cou			8. This corporation has liability for			ler s. 199,032,
24	25	25 29 , Name and Address of Current Registered Agent				Florida Statutes Yes No			
	9, Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New I	legistere	d Agent	
ANDEDO	SON DAVE								
ANDERSON, DAVE 900 NW 43 AVE				82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
COCONUT CREEK FL 33063				83		<u> </u>			·
			-	84	0:1.			Table 1	
					City		F	L∣∣	Zip Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617,1508, Florida Status of Florida, Such change wa	tutes, the ab	ove-	named corpo	oration submits this statement for the on's board of directors. I hereby acc	purpose	of changin	ng its registered
agent. I a	im familiar with, and accept the obl	igations of, Section 617.0503.	Florida Statu	ules.	ine corporation	on's board of directors. Thereby acc	aht tus at	эрониленц	i as registered
SIGNATURE	Signature, typed or printed name of registered a		OTC D						
12.		ND DIRECTORS	13.	Agent	signature requires	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AN	NO DIRECT	TORS IN 12
TITLE	PD	DELETE	1.1 101	LE	I			☐ Chan	
NAME	ANDERSON, DAVE			1.2 NAME					_
STREET ADDRESS	941 NW 45 AVE	W 45 AVE		1.3 STREET ADDRESS					
CITY-ST-ZIP	COCONUT CREEK FL			1.4 CITY-ST-ZIP					
TITLE	EVD	☐ DELETE	2.1 TIT	2.1 TITLE				☐ Chan	nge 🔲 Addition
NAME	HOBBY, DAN			2.2 NAME					
STREET ADDRESS	4230 N.W. 9TH COURT		2.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	COCONUT CREEK FL	T DELETE		TY-ST	- ZIP			000	
NAME	CATANIA, JUDY							L. Chang	nge 🔲 Addition
STREET ADDRESS	291 NW 43 AVENUE		3.2 NAI		DDRESS				
CITY-ST-ZIP	COCONUT CREEK FL		3.4. CIT						
TITLE	VD	DELETE	4.1 TIT				B1	Chanc	nge
NAME	GESTEWITZ, RON	•	4. 2 NA	ME					
STREET ADDRESS	490 NW 43 AVENUE		4.3 STF	REET A	DDRESS				
CITY-ST-ZIP	COCONUT CREEK FL		4.4 CiT	Y-\$1-	· ŽIP				
TITLE		DELETE	5.1 TITU	LE				☐ Chang	ige 🔲 Addition
NAME			5.2 NA	ME					
STREET ADDRESS					DDRESS				
CITY-ST-ZIP TITLE	*	DELETE	5.4 CIT		ZiP				
NAME	•	ייין הברכוב	6.1 TITE					Chang	ige 🔲 Addition
NAME CONTROL	* *		6.2 NA	VIE					

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.