

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90008 003 ****61.25
09-24-1999 90008 004 *****8.75

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40483

1. Corporation Name

COCONUT CREEK SOCCER CLUB, INC.

Principal Place of Business

900 NW 43 AVE
COCONUT CREEK FL 33066-1535

Mailing Address

900 NW 43 AVE
COCONUT CREEK FL 33066-1535



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/24/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2831466	
24 Country		29 Country		5. Certificate of Status Desired	
				X \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HOBBY, DAN
4230 NW 9TH COURT
COCONUT CREEK FL 33066

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, JOHN	1.2 NAME	
STREET ADDRESS	6720 NW 24TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOBBY, DAN	2.2 NAME	
STREET ADDRESS	4230 N.W. 9TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CATANIA, JUDY	3.2 NAME	
STREET ADDRESS	291 NW 43 AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Judy Catania* **SIGNATURE REQUIRED** *Judy Catania* 9/16/99 (954) 979-5833