

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000165

**Entity Name:** WESTCHASE SOCCER ASSOCIATION, INC.

**FILED**  
**Apr 18, 2017**  
**Secretary of State**  
**CC3087391368**

**Current Principal Place of Business:**

12157 W. LINEBAUGH AVE.  
#269  
TAMPA, FL 33626

**Current Mailing Address:**

12157 W. LINEBAUGH AVE.  
#269  
TAMPA, FL 33626 US

**FEI Number: 59-3619737**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PINHEIRO, MARGOT A  
12157 W. LINEBAUGH AVE.  
#269  
TAMPA, FL 33626 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name PINHEIRO, M  
Address 12157 W. LINEBAUGH AVE.  
#269  
City-State-Zip: TAMPA FL 33626

Title DT  
Name SELLITTO, V  
Address 12157 W. LINEBAUGH AVE.  
#269  
City-State-Zip: TAMPA FL 33626

Title DS  
Name PINHEIRO, G  
Address 12157 W. LINEBAUGH AVE.  
#269  
City-State-Zip: TAMPA FL 33626

Title DIRECTOR  
Name BUCKNOR, M  
Address 12157 W. LINEBAUGH AVE.  
#269  
City-State-Zip: TAMPA FL 33626

Title DIRECTOR  
Name ARANGO, H  
Address 12157 W. LINEBAUGH AVE.  
#269  
City-State-Zip: TAMPA FL 33626

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARGOT A. PINHEIRO**

**PRESIDENT**

**04/18/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date