

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT



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

1996-1997 b-7018-C

DOCUMENT # 730730 (9)

1. Corporation Name

CAPE CORAL SOCCER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1439 S.W. 54TH TERR  
CAPE CORAL FL 33914

1439 S.W. 54TH TERR  
CAPE CORAL FL 33914



3. Date Incorporated or Qualified

09/13/1974

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Pelican Soccer Complex

26 Cape Coral Soccer Assoc

4. FEI Number

59-2610047

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 2nd Court

27 P. O. Box 732

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

23 City & State

28 City & State

23 Cape Coral, Florida

28 Cape Coral, Florida

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

24 33914

25 USA

29 33910

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEINWEG, JOHN G.  
1439 S.W. 54TH TERR  
CAPE CORAL FL 33914

81 Name Todd Miller

82 Street Address (P.O. Box Number is Not Acceptable)  
3617 SE 21st Avenue

83

84 City Cape Coral

FL

85 Zip Code 33904

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

Todd Miller Todd J. Miller President

6-13-96

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 PD ☒ DELETE  
NAME STEINWEG, JOHN  
STREET ADDRESS 1439 S.W. 54TH TERR  
CITY-ST-ZIP CAPE CORAL FL

1.1 TITLE President PD ☒ Change ☐ Addition  
1.2 NAME Todd Miller  
1.3 STREET ADDRESS 3617 SE 21st Ave  
1.4 CITY-ST-ZIP Cape Coral, FL 33904

TITLE TD ☒ DELETE  
NAME REAGAN, DONALD  
STREET ADDRESS 808 CAPE CORAL PKWY W #206  
CITY-ST-ZIP CAPE CORAL FL

2.1 TITLE Vice-President VPD ☒ Change ☐ Addition  
2.2 NAME Dawn Andrews  
2.3 STREET ADDRESS 1207 SW 53rd Street  
2.4 CITY-ST-ZIP Cape Coral, FL 33914

TITLE VPD ☒ DELETE  
NAME MUNOZ, LUIS  
STREET ADDRESS 1222 NE 14 PLACE  
CITY-ST-ZIP CAPE CORAL FL

3.1 TITLE Treasurer TD ☒ Change ☐ Addition  
3.2 NAME Michael Godwin  
3.3 STREET ADDRESS 623 SE 32nd Street  
3.4 CITY-ST-ZIP Cape Coral, FL 33904

TITLE SD ☒ DELETE  
NAME FRANCISCO, SALLY  
STREET ADDRESS 428 S.W. 37TH LANE  
CITY-ST-ZIP CAPE CORAL FL

4.1 TITLE Secretary SD ☒ Change ☐ Addition  
4.2 NAME Michelle Brown  
4.3 STREET ADDRESS 4021 SE 2nd Ct  
4.4 CITY-ST-ZIP Cape Coral, FL 33914

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

Reagan Donald J. Miller

6-13-96

941-945-2803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)