

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730730** (9)

1. Corporation Name

CAPE CORAL SOCCER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**PELICAN SOCCER COMPLEX
4020 SW 2ND CT
CAPE CORAL FL 33914
US**

**P O BOX 732
CAPE CORAL FL 33910
US**

3. Date Incorporated or Qualified

09/13/1974

4. FEI Number

59-2610047

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

Trust Fund Contribution ☐

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30, ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDREWS, DAWN
1207 SW 83 ST
CAPE CORAL FL 33914**

81 Name

Norman Rosen

82 Street Address (P.O. Box Number is Not Acceptable)

4919 Viceroy St

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

Norman Rosen

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-16-98

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ANDREWS, DAWN
STREET ADDRESS	1207 SW 83 ST
CITY-ST-ZIP	CAPE CORAL FL
TITLE	VPD
NAME	ASHTON, MARK
STREET ADDRESS	1331 SE 12 TERR
CITY-ST-ZIP	CAPE CORAL FL
TITLE	TD
NAME	GODWIN, MICHAEL
STREET ADDRESS	623 SE 32ND STREET
CITY-ST-ZIP	CAPE CORAL FL
TITLE	SD
NAME	BROWN, MICHELLE
STREET ADDRESS	4021 SE 2ND CT
CITY-ST-ZIP	CAPE CORAL FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	Norman Rosen
1.3 STREET ADDRESS	4919 Viceroy St
1.4 CITY-ST-ZIP	Cape Coral, FL 33904
2.1 TITLE	VPD
2.2 NAME	David Giles
2.3 STREET ADDRESS	5610 Beauville Ct
2.4 CITY-ST-ZIP	Cape Coral, FL 33904
3.1 TITLE	TD
3.2 NAME	Pamela Hagan
3.3 STREET ADDRESS	4410 SE 14th Ave
3.4 CITY-ST-ZIP	Cape Coral, FL 33904
4.1 TITLE	SD
4.2 NAME	Allyson Truman
4.3 STREET ADDRESS	208 SW 29th St
4.4 CITY-ST-ZIP	Cape Coral, FL 33914
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: **Pamela Hagan** **Pamela Hagan**

050198

CP2E037 (10/97)