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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 730730					
1. Corporation Name CAPE CORAL SOCCER ASSOCIATION, INC.					
Principal Place of Business PELICAN SOCCER COMPLEX 4020 SW 2ND CT CAPE CORAL FL 33914 US			Mailing Address P O BOX 732 CAPE CORAL FL 33910 US		

5 4 3 2 1
 * 543074 - 90345 - 42 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/13/1974	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2610047	
24 Country		29 Country		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ROSEN, NORMAN 4919 VICEROY ST CAPE CORAL FL 33904				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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	PD	1.1 TITLE	
NAME	ROSEN, NORMAN	1.2 NAME	
STREET ADDRESS	4919 VICEROY ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	VPD
NAME	GILES, DAVID	2.2 NAME	Giles, David
STREET ADDRESS	5810 DEAUVILLE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD
NAME	HAGAN, PAMELA	3.2 NAME	Hough, Joanne
STREET ADDRESS	4410 SE 14TH AVE	3.3 STREET ADDRESS	1703 Sw 3rd Pl
CITY-ST-ZIP	CAPE CORAL FL 33904	3.4 CITY-ST-ZIP	Cape Coral, FL 33991
TITLE	SD	4.1 TITLE	Cathy Blanchette
NAME	TRUMAN, ALLYSON	4.2 NAME	
STREET ADDRESS	208 SW 28TH ST	4.3 STREET ADDRESS	3313 Sw 7th Ave
CITY-ST-ZIP	CAPE CORAL FL 33914	4.4 CITY-ST-ZIP	Cape Coral, FL 33914
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(j), 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:

Norman Rosen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99
 Date

941 541 7482
 Daytime Phone #

CR2E037 (1/98)