


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90164 026 ****61.25

DOCUMENT # 730730		
1. Entity 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
--	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40065301



04252006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2610047	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSEN, NORMAN 4919 VICEROY ST CAPE CORAL, FL 33904		Name: Hugh Paul Nuckolls, Esq. Street Address (P.O. Box Number is Not Acceptable): 1375 Jackson Street, Suite 303 City: Fort Myers FL Zip Code: 33901	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Hugh Paul Nuckolls* (NOTE: Registered Agent signature required when reinstating) DATE: 04/24/2006

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	--------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEER, DAVID 1325 SE 47TH STREET CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Lori Kearnes 2122 NW 14th Lane Cape Coral, FL 33993 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KING, ANGELA M 2101 NE 15TH STREET CAPE CORAL, FL 33909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MITCHELL, KIMBERLY 1951 LONGFELLOW DR N.FT.MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TARAS-TYDING, DONNA 3733 SW 1ST AVE CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Angela M. King* Vice President 4/25/06 772-2390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40065301
NUCKOLLS, JOHNSON, BELCHER & FERRANTE, P.A.

ATTORNEYS AND COUNSELORS AT LAW

THE TIDEWATER BUILDING

HUGH PAUL NUCKOLLS

KARL L. JOHNSON

W. GUS BELCHER, II

* CRAIG FERRANTE

* BOARD CERTIFIED IN
CIVIL TRIAL PRACTICE

MAILING ADDRESS:

P. O. DRAWER 2199

FORT MYERS, FLORIDA 33902-2199

SUITE 303

1375 JACKSON STREET

FORT MYERS, FLORIDA 33901

(239) 334-3400

April 25, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Cape Coral Soccer Association
Document No.: 730730

Dear Sir or Madam:

Please find enclosed an originally signed 2006 Not-For-Profit Corporation Annual Report along with the required filing fee in the amount of \$61.25. If you find that this document meets with your approval, I ask that you process same accordingly.

Please contact me if you have any questions.

Sincerely yours,

Cathy Smith-Hunter

Cathy Smith-Hunter, Legal Assistant to
HUGH PAUL NUCKOLLS

/csh

Enclosures: as stated.

cc: David Peer, Pres.

Angela King, Vice Pres.

Kim Mitchell, Treasurer

P06.W4:Corp.L

Certified Mail #7004 2510 0002 0379 7104
Return, Receipt, Requested