

FILE NOW: FILING FEE IS \$61.25

FILED
May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744355** (9)

1. Corporation Name

CLEARWATER SOCCER ASSOCIATION, INC.



Principal Place of Business P.O. BOX 5334 CLEARWATER FL 34618	Mailing Address P.O. BOX 5334 CLEARWATER FL 34618
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3. Date Incorporated or Qualified 09/25/1978
4. FEI Number 59-2226699
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 P.O. Box 5334 City & State 23 Clearwater, FL Zip 24 33758 Country 25 Pinellas	2a. Mailing Address 26 Suite, Apt. #, etc. 27 P.O. Box 5334 City & State 28 Clearwater, FL Zip 29 33758 Country 30 Pinellas
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent HAGENAU, STEVEN E 2388 GULF TO BAY BLVD. CLEARWATER FL 34625
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10. Name and Address of New Registered Agent 81 Name Jeannine Huffman 82 Street Address (P.O. Box Number is Not Acceptable) 2818 St. John Drive 83 84 City Clearwater FL 85 Zip Code 33759
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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 *Jeannine Huffman* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BROOKS, DANIEL
STREET ADDRESS	2801 DOVEWOOD ST
CITY-ST-ZIP	CLEARWATER FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	FERROL, LARRY
STREET ADDRESS	2455 SANTA CRUZ AVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	STEVEN E. HAGENAU
STREET ADDRESS	2801 BRIAR BLUFF LANE
CITY-ST-ZIP	CLEARWATER FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	NICK ANNENOS
STREET ADDRESS	2484 ENTERPRISE RD, UNIT 4
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tim Arthur
2.3 STREET ADDRESS	2079 Attache Court
2.4 CITY-ST-ZIP	Clearwater, FL 33764
3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jeannine Huffman
3.3 STREET ADDRESS	2818 St. John Drive
3.4 CITY-ST-ZIP	Clearwater, FL 33759
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Commissioner
4.3 STREET ADDRESS	Kathy Gunderman
4.4 CITY-ST-ZIP	1826 Asbury Drive
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **5/11/98 037972814**

CR2E037 (10/97)