## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000003268

Entity Name: BONITA SOCCER CLUB INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:			New Prin	New Principal Place of Business:		
9200 BONITA BEACH RD. SUITE 201 BONITA SPRINGS, FL 34135 Current Mailing Address:			26992 SPANISH GARDENS BONITA SPRINGS, FL 34135 New Mailing Address:			
						9200 BONITA BEACH RD. SUITE 201 BONITA SPRINGS, FL 34135
FEI Number	: 26-2471302	FEI Number Applied For ( )	FEI Number Not App	olicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
3091 GOL NAPLES, I	e named entity	JS	ourpose of changing	its registered	d office or registered agent, or both,	
in the State	e of Florida.					
SIGNATU						
	Electror	nic Signature of Registered Ag	ent		Date	
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	RODI, ANTONE	GATE BLVD. W.	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( LOREDO, WIL 2701 EDGEWO BONITA SPRIN	OOD	Title: Name: Address: City-St-Zip:	SAYAZ, SIXT 26391 BRID		
Title: Name: Address: City-St-Zip:	SANDOVAL, ÎR 26995 DIVA ST		Title: Name: Address: City-St-Zip:	RIVERA, ISM 26992 SPAN	(X) Change()Addition MAEL IISH GARDENS RINGS, FL 34135	
Title: Name: Address: City-St-Zip:	TRES ( SCARNATO, B. 8433 TAHITI R FT. MYERS, FI	D.	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: Citv-St-Zip:	LERMA, PEI 25148 PISOI		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONETTA RODI P 04/24/2008