## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N16041

FILED Apr 29, 2009 Secretary of State

Entity Name: SAN CARLOS PARK SCORPION SOCCER CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

18251 THREE OAKS PARKWAY FORT MYERS, FL 33967 US

Current Mailing Address: New Mailing Address:

P.O. BOX 894 P.O. BOX 894 ESTERO, FL 33928 ESTERO, FL 33929

FEI Number: 59-2656076 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARROW, LAURA

18136 HORSHOE BAY CIRCLE
FORT MYERS, FL 33967 US

FITZGERALD, AMY
19068 MURCOTT DRIVE E
FORT MYERS, FL 33967 US

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.

SIGNATURE: AMY FITZGERALD 04/29/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 VILLANUEVA, JULIO
 Name:
 LIENHARDT, JAMIE

 Address:
 18387 FERN ROAD
 Address:
 9998 ROOKERY CIRCLE

 City-St-Zip:
 FORT MYERS, FL 33967
 City-St-Zip:
 ESTERO, FL 33928

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 FITZGERALD, AMY
 Name:
 FITZGERALD, AMY

 Address:
 18136 HORSEHOE BAY CIR
 Address:
 19068 MURCOTT DRIVE E

 City-St-Zip:
 FORT MYERS, FL 33967
 City-St-Zip:
 FORT MYERS, FL 33967

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MONDZELEWSKI, LORI
 Name:

 Address:
 17333 ORIOLE RD
 Address:

 City-St-Zip:
 FT MYERS, FL 33967
 City-St-Zip:

Title: VPD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BOSI, WENDY
 Name:

 Address:
 9124 BRYANT RD
 Address:

 City-St-Zip:
 FT MYERS, FL 33967
 City-St-Zip:

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: AMY FITZGERALD TD 04/29/2009