

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # N18571

1. Entity Name
CORAL SPRINGS SOCCER CLUB, INC.



Principal Place of Business
8240 NW 15 CT
CORAL SPRINGS, FL 33071 US

Mailing Address
PO BOX 156
934 N UNIVERSITY DR
CORAL SPRINGS, FL 33071 US



02242008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2757221

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PACEKO, HEATHER
9926 NW 1ST CRT
CORAL SPRINGS, FL 33071

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000851042
03/25/08-80023-003 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME P FASCIANI, SUZETTE
STREET ADDRESS 8240 NW 15 CT
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE
NAME VP MEEROFF, JOE DR
STREET ADDRESS 6011 NW 88 ST
CITY-ST-ZIP PARKLAND, FL 33067

TITLE
NAME T PACELKO, HEATHER
STREET ADDRESS 9926 NW 1ST CRT
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/08 954 346 8104