

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N28067 (9)**

1. Corporation Name

**COOPER CITY ATHLETIC ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

C/O JOAQUIM RASGADO, JR.  
11370 LAKESHORE DR.  
COOPER CITY FL 33026-1100

C/O JOAQUIM RASGADO, JR.  
11370 LAKESHORE DR.  
COOPER CITY FL 33026-1100

3. Date Incorporated or Qualified

**08/26/1988**

3a. Date of Last Report

**03/08/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**65-0080844**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution



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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RASGADO, JOAQUIM JR  
11370 LAKESHORE DR.  
COOPER CITY FL 33026**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84

City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0802 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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/24/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD JOAQUIM, RASGADO, JR.**  
STREET ADDRESS **11370 LAKESHORE DRIVE**  
CITY-ST-ZIP **COOPER CITY FL**

TITLE ☐ DELETE

NAME **VD NEWMAN, ROBIN S.**  
STREET ADDRESS **9532 SEA TURTLE DRIVE.**  
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME **SD SALUS, LYNNE**  
STREET ADDRESS **10081 NW 3RD CT**  
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME **TD AVERBACH, CHARLES**  
STREET ADDRESS **1020 SW 93RD AVE**  
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**CD**

**JOAQUIM RASGADO JR  
11370 LAKESHORE DR.  
COOPER CITY, FL 33026-1100**

**PD**

**HOWARD CHODAK  
3395 PINEWALK DR. N # 210  
MARGATE, FL 33063**

**SD**

**LYNNE SALUS  
10081 NW 3 CT  
PLANTATION, FL**

**TD**

**CHARLES AUERBACH  
1020 SW 93 AV  
PLANTATION, FL**

**VD**

**SHERILL COLOMBO  
620 TENNIS CLUB DR. #109  
FT. LAUDERDALE, FL 33311**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/96**

**(954) 4320270**

Date

Daytime Phone

CR2E037 (12/95)