

# 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 # N28820 (1)**

1. Corporation Name

**CARROLLWOOD SOCCER ASSOCIATION, INC.**

Principal Place of Business

P O BOX 271390  
TAMPA FL 33688  
US

Mailing Address

P O BOX 271390  
TAMPA FL 33688  
US



3. Date Incorporated or Qualified  
**10/12/1988**

3a. Date of Last Report  
**06/29/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
**59-2927409**

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

**HOKES, JIM  
4313 CARROLLWOOD VILLAGE DR  
TAMPA FL 33624**

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 617.0502 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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD**  
NAME **EVERHART, DON**  
STREET ADDRESS **6912 DAKOTA AVENUE NORTH**  
CITY-ST-ZIP **TAMPA FL**

☒ DELETE

TITLE **TD**  
NAME **FARRELL, TIM**  
STREET ADDRESS **4220 MEADOWHILL DR**  
CITY-ST-ZIP **TAMPA FL**

☐ DELETE

TITLE **SD**  
NAME **COOK, GREG**  
STREET ADDRESS **3432 VALLEY RANCH DR**  
CITY-ST-ZIP **LUTZ FL**

☐ DELETE

TITLE **D**  
NAME **GORDON, BRUCE**  
STREET ADDRESS **13702 SUN COURT**  
CITY-ST-ZIP **TAMPA FL**

☒ DELETE

TITLE **P**  
NAME **HOKES, JIM**  
STREET ADDRESS **4313 CARROLLWOOD VILLAGE DR**  
CITY-ST-ZIP **TAMPA FL**

☐ DELETE

TITLE **D**  
NAME **SMITH, DARRELL**  
STREET ADDRESS **2511 COZUMEL**  
CITY-ST-ZIP **TAMPA FL**

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD**  
1.2 NAME **ED AUSTIN**  
1.3 STREET ADDRESS **19927 Gunn Highway**  
1.4 CITY-ST-ZIP **ODESSA, FL 33556**

☐ Change ☒ Addition

2.1 TITLE **ED**  
2.2 NAME **ED**  
2.3 STREET ADDRESS **ED**  
2.4 CITY-ST-ZIP **ED**

☐ Change ☐ Addition

3.1 TITLE **VD**  
3.2 NAME **CYNDIE DEAK**  
3.3 STREET ADDRESS **11811 LIPSEY RD.**  
3.4 CITY-ST-ZIP **TAMPA, FL 33618**

☐ Change ☒ Addition

4.1 TITLE **VD**  
4.2 NAME **VD**  
4.3 STREET ADDRESS **VD**  
4.4 CITY-ST-ZIP **VD**

☐ Change ☐ Addition

5.1 TITLE **VD**  
5.2 NAME **VD**  
5.3 STREET ADDRESS **VD**  
5.4 CITY-ST-ZIP **VD**

☐ Change ☐ Addition

6.1 TITLE **D**  
6.2 NAME **JOE DOCOBO**  
6.3 STREET ADDRESS **16214 Armistead Lane**  
6.4 CITY-ST-ZIP **ODESSA, FL 33556**

☐ Change ☐ Addition

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:

*Jim Farrell*

*Tim Farrell*

*1/31/96*

*(813) 960-8144*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)