

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**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

Mailing Address

P O BOX 271390  
TAMPA FL 33688  
USP O BOX 271390  
TAMPA FL 33688-1390  
US3. Date Incorporated or Qualified  
**10/12/1988**3a. Date of Last Report  
**02/07/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
**59-2927409**Applied For  
Not Applicable5. 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 3362481 Name **Joe Docobo**82 Street Address (P.O. Box Number is Not Acceptable)  
**16214 ARMISTEAD LANE**

83

84 City **ODESSA**

FL

85 Zip Code  
**33556**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE  
NAME **AUSTIN, ED**  
STREET ADDRESS **19927 GUNN HWY**  
CITY-ST-ZIP **ODESSA FL**1.1 TITLE **NANCY EVERHART, VD** ☐ Change ☒ Addition  
1.2 NAME **6912 N. DAKOTA AVENUE**  
1.3 STREET ADDRESS **TAMPA, FL 33604**  
1.4 CITY-ST-ZIPTITLE **TD** ☐ DELETE  
NAME **FARRELL, TIM**  
STREET ADDRESS **4220 MEADOWHILL DR**  
CITY-ST-ZIP **TAMPA FL**2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE **VD** ☐ DELETE  
NAME **DEAK, CYNDIE**  
STREET ADDRESS **11811 LIPSEY DRIVE**  
CITY-ST-ZIP **TAMPA FL**3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE **D** ☒ DELETE  
NAME **GORDON, BRUCE**  
STREET ADDRESS **13702 SUN COURT**  
CITY-ST-ZIP **TAMPA FL**4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE **P** ☐ DELETE  
NAME **HOKES, JIM**  
STREET ADDRESS **4313 CARROLLWOOD VILLAGE DR**  
CITY-ST-ZIP **TAMPA FL**5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE **D** ☐ DELETE  
NAME **DOCOBO, JOE**  
STREET ADDRESS **16214 ARMISTEAD LANE**  
CITY-ST-ZIP **ODESSA FL**6.1 TITLE **PRESIDENT** ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97

Date

Daytime Phone # 0049446

CR2E037 (9/96)