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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28820

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/12/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2927409

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOCOBO, JOE
16214 ARMISTEAD LANE
ODESSA FL 33556

81 Name

TIM FARRELL

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

4220 Meadowhill Drive

83

84 City

TAMPA

FL

85 Zip Code

33624

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 TIM FARRELL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jim Farrell 1/29/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME AUSTIN, ED
STREET ADDRESS 19927 GUNN HWY
CITY-ST-ZIP ODESSA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

T PAT HOWARD
P.O. Box 942
ODESSA, FL 33556

☐ Change ☒ Addition

TITLE PD
NAME FARRELL, TIM
STREET ADDRESS 4220 MEADOWHILL DR
CITY-ST-ZIP TAMPA FL 33624

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

VD
DAVE DITILLO
4009 ARROYO LANE
TAMPA, FL 33624

☐ Change ☒ Addition

TITLE VD
NAME DEAK, CYNDIE
STREET ADDRESS 11811 LIPSEY DRIVE
CITY-ST-ZIP TAMPA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VD
MIKE CONNELL
4707 Foxshire Circle
TAMPA FL 33624

☐ Change ☐ Addition

TITLE SD
NAME EVERHART, NANCY
STREET ADDRESS 6912 N. DAKOTA AVE.
CITY-ST-ZIP TAMPA FL

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

☐ Change ☐ Addition

TITLE D
NAME DOCOBO, JOE
STREET ADDRESS 16214 ARMISTEAD LANE
CITY-ST-ZIP ODESSA FL

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 (727) 821-6161

CR2E037 (11/98)