

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90003 027 ****61.25

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02242005 Chg-NP CR2E037 (10/03)

DOCUMENT # N99000004013 1. Entity Name BONITA SPRINGS YOUTH SOCCER ASSOCIATION, INC.			
Principal Place of Business 25334 PINSON DR. BONITA SPRINGS, FL 34135		Mailing Address P.O. BOX 1627 WEST PALM BEACH, FL 33-4133	
2. Principal Place of Business 11791 Imperial Pinesway Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1627 Suite, Apt. #, etc.	
City & State Bonita Springs FL Zip 34135		City & State Bonita Springs FL Zip 34133	
4. FEI Number 59-3585635		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASON, CAMERON 25334 PINSON DR. BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name John Sherman Street Address (P.O. Box Number is Not Acceptable) 11791 Imperial Pinesway City Bonita Springs FL Zip Code 34135	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME MASON, CAMERON STREET ADDRESS 25334 PINSON DR. CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete	TITLE PD NAME John Sherman STREET ADDRESS 11791 Imperial Pinesway CITY-ST-ZIP Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME KUTCHMAREK, JOHN STREET ADDRESS 27951 NEW YORK ST. CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE T NAME John F. Sherman STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME KELLY, SHEILA STREET ADDRESS 24721 BAYBEAN COURT CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME EWELL, ROBIN STREET ADDRESS 27191 LAVINKA STREET CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MARTINEZ, MANNY STREET ADDRESS 26830 PALM ST. CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME BERGQUIST, JOHN STREET ADDRESS 9921 EL GRECO CIRCLE CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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:		8/9/05 239 784 4703 <small>Date Daytime Phone #</small>	