

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730730

Entity Name: CAPE CORAL SOCCER ASSOCIATION, INC.**Current Principal Place of Business:**PELICAN SOCCER COMPLEX
4020 SW 2ND CT
CAPE CORAL, FL 33914**Current Mailing Address:**P O BOX 100732
CAPE CORAL, FL 33910 US**FEI Number:** 59-2610047**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BELCHER, II, W. GUS ESQ.
1375 JACKSON STREET, SUITE 301
FORT MYERS, FL 33901 US*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.***SIGNATURE:** W. GUS BELCHER, II

01/26/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name BEVINGTON, JOSH
Address P O BOX 100732
City-State-Zip: CAPE CORAL FL 33910**Title** SECRETARY
Name SIEFERT, PATRICK
Address P O BOX 100732
City-State-Zip: CAPE CORAL FL 33910**Title** PAST PRESIDENT, TREASURER
Name SMITH-HUNTER, CATHY
Address P O BOX 100732
City-State-Zip: CAPE CORAL FL 33910**Title** VP - OFFICER
Name TORO, STAN
Address P O BOX 100732
City-State-Zip: CAPE CORAL FL 33910**Title** SELECT COMMISSIONER - DIRECTOR
Name TOMLINSON, JON
Address P O BOX 100732
City-State-Zip: CAPE CORAL FL 33910**Title** RECREATIONAL COMMISSIONER - DIRECTOR
Name CHACON, RIGO
Address P O BOX 100732
City-State-Zip: CAPE CORAL FL 33910

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CATHY SMITH-HUNTERTREASURER/PAST
PRESIDENT

01/26/2024

Electronic Signature of Signing Officer/Director Detail

Date