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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 754698

1. Corporation Name

FLORIDA GOLD COAST SWIMMING, INC.

Principal Place of Business

2627 ALAMANDA CT
FT. LAUDERDALE FL 33301

Mailing Address

2627 ALAMANDA CT
FT. LAUDERDALE FL 33301

147295-90112-33 5 *



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/17/1980

4. FEI Number

31-1012803

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

9. Name and Address of Current Registered Agent

ANDREWS, JOHN S ESQ
ANDREWS PHILLIPS & GALATIS
1501 NE 4 AVE
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

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 reinstating)

DATE

11/18/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **NELSON, JACK**
STREET ADDRESS **503 SEABREEZE BLVD**
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE **VPD** ☐ DELETE

NAME **PARMENTOR, JIMMY**
STREET ADDRESS **2205 NE 6 AVE**
CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE **VPD** ☐ DELETE

NAME **CAVANA, DICK**
STREET ADDRESS **951 US HIGHWAY #1**
CITY-ST-ZIP **N PALM BEACH FL 33408**

TITLE **VPD** ☒ DELETE

NAME **GORDON, IRENE**
STREET ADDRESS **1057 NW 83 DR**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **TD** ☐ DELETE

NAME **KEMPTHORNE, ALICE**
STREET ADDRESS **2627 ALAMANDA CT**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

charleman
charles mallery
PO Box 248004 Ashe Bldg. 205
Coral Gables, FL 33124-4621

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]

Date

11/10/99 (854) 524-2656

Daytime Phone #

CR2E037 (1/98)