

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000570

FILED
May 02, 2009
Secretary of State

Entity Name: LIGHTHOUSE POINT SWIM TEAM BOOSTER CLUB, INC.

Current Principal Place of Business:

2701 NE 42ND STREET
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

Current Mailing Address:

4160 NE 30 TERRACE
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FRIGOLA, MICHELLE C ESQ
4701 N FEDERAL HWY SUITE 480
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BIONDOLLILLO, MONIQUE
Address: 2421 NE 35TH STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D () Delete
Name: BLOMBERG, LARRY
Address: 2701 NE 42ND STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: DS () Delete
Name: ZIELINSKI, PATRICIA
Address: 4140 NE 30TH TERRACE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: DP () Delete
Name: LACERTE, MICHELLE
Address: 3900 NE 23RD TERR
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: DV () Delete
Name: RING, ALICE
Address: 2810 NE 40TH STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: DT () Delete
Name: ZISLIN, MERLE
Address: 4160 NE 30TH TERRACE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MERLE ZISLIN

DT

05/02/2009

Electronic Signature of Signing Officer or Director

_____ Date