


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 705355 (6)**

1. Corporation Name  
**BRANDON SWIMMING AND TENNIS CLUB, INC.**

Principal Place of Business <b>407 BEVERLY BLVD BRANDON FL 33511 US</b>	Mailing Address <b>407 BEVERLY BLVD BRANDON FL 33511 US</b>
--	--

2. Principal Place of Business <b>21 405 Beverly Blvd</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 405 Beverly Blvd</b> Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**GREENWELL, JOSEPH R  
407 BEVERLY BLVD  
BRANDON FL 33511**

3. Date Incorporated or Qualified <b>05/20/1963</b>
4. FEI Number <b>59-1001300</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENWELL, JOE</b>	1.2 NAME	
STREET ADDRESS	<b>405 BEVERLY BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BANKS, PETER</b>	2.2 NAME	<b>Mary Beth Sultenfuss</b>
STREET ADDRESS	<b>14320 DIPLOMAT DR</b>	2.3 STREET ADDRESS	<b>713 Rosier Rd</b>
CITY-ST-ZIP	<b>TAMPA FL 33613</b>	2.4 CITY-ST-ZIP	<b>Brandon, FL 33511</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Margaret Priola</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GREENWELL, SHIRLEY</b>	3.2 NAME	<b>405 So. Oakwood Ave. Director</b>
STREET ADDRESS	<b>509 SEFFNER VALRICO RD.</b>	3.3 STREET ADDRESS	<b>Brandon, FL 33511</b>
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Kirsten Wilman</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PIPPIN, KATHERINE</b>	4.2 NAME	<b>911 Symphony Isles Blvd. Director</b>
STREET ADDRESS	<b>2404 S. LENNA AVE</b>	4.3 STREET ADDRESS	<b>Apollo Beach, FL 33512</b>
CITY-ST-ZIP	<b>SEFFNER FL 33584</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLLOCK, SUE</b>	5.2 NAME	
STREET ADDRESS	<b>LAUREL OAK DR.</b>	5.3 STREET ADDRESS	<b>1807 Laurel Oak Dr. Director</b>
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AYERS, BRUCE</b>	6.2 NAME	
STREET ADDRESS	<b>6321 20TH AVE S.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33619</b>	6.4 CITY-ST-ZIP	

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 is changed, or on an attachment with an address.

SIGNATURE: *Joe Greenwell* 11-30-98/8131001998

CR2E037 (10/97)