

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90162 026 ****61.25

DOCUMENT # 705355

1. Corporation Name

BRANDON SWIMMING AND TENNIS CLUB, INC.

Principal Place of Business

405 BEVERLY BLVD
BRANDON FL 33511
US

Mailing Address

405 BEVERLY BLVD
BRANDON FL 33511
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/20/1963

4. FEI Number

59-1001300

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

GREENWELL, JOSEPH R
405 BEVERLY BLVD
BRANDON FL 33511

should be 405

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

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GREENWELL, JOE
STREET ADDRESS 405 BEVERLY BLVD
CITY-ST-ZIP BRANDON FL 33511

TITLE D ☐ DELETE

NAME BANKS, PETER
STREET ADDRESS 14320 DIPLOMAT DR
CITY-ST-ZIP TAMPA FL 33613

TITLE STD ☐ DELETE

NAME GREENWELL, SHIRLEY
STREET ADDRESS 509 SEFFNER VALRICO RD.
CITY-ST-ZIP VALRICO FL 33594

TITLE D ☐ DELETE

NAME PIPPIN, KATHERINE
STREET ADDRESS 2404 S. LENNA AVE
CITY-ST-ZIP SEFFNER FL 33584

TITLE D ☐ DELETE

NAME POLLOCK, SUE
STREET ADDRESS 1807 LAUREL OAK DR
CITY-ST-ZIP VALRICO FL 33594

TITLE D ☐ DELETE

NAME AYERS, BRUCE
STREET ADDRESS 6321 20TH AVE S.
CITY-ST-ZIP TAMPA FL 33619

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-99 813 689-0906

CR2E037 (1/1/98)