

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701567 (0)
1. Corporation Name
BRANDON HILLS SWIM CLUB, INC.



Principal Place of Business Mailing Address
712 W SYLVAN DRIVE 712 W SYLVAN DRIVE
BRANDON FL 33510-3544 BRANDON FL 33510-3544

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified

10/20/1960

4. FEI Number

59-1169656

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STETLER, POLLY
706 WEST SYLVAN RD
BRANDON FL 33510

10. Name and Address of New Registered Agent

81 Name Kerstin Williams
82 Street Address (P.O. Box Number is Not Acceptable)
708 WEST SYLVAN DR.
83
84 City BRANDON FL 85 Zip Code 33310

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

Kerstin Williams

Kerstin Williams

5-28-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME COPE, GAIL
STREET ADDRESS 612 CAROLYN DR
CITY-ST-ZIP BRANDON FL

☐ DELETE

TITLE VPD
NAME NORRINGTON, SCOTT
STREET ADDRESS 607 CAROLYN DR.
CITY-ST-ZIP BRANDON FL

☐ DELETE

TITLE PD
NAME WERNER, JOHN
STREET ADDRESS 710 WEST SYLVAN DR
CITY-ST-ZIP BRANDON FL

☒ DELETE

TITLE TD
NAME STETLER, POLLY
STREET ADDRESS 706 WEST SYLVAN DR
CITY-ST-ZIP BRANDON FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S.D.
1.2 NAME Gail Cope
1.3 STREET ADDRESS 612 Carolyn Dr. (same)
1.4 CITY-ST-ZIP BRANDON, FLA. 33510

☐ Change ☐ Addition

2.1 TITLE VPD
2.2 NAME Norrington, Scott
2.3 STREET ADDRESS 607 Carolyn Dr.
2.4 CITY-ST-ZIP BRANDON FL 33510

☐ Change ☐ Addition

3.1 TITLE Phillip Carroll P.D.
3.2 NAME 610 Carolyn Dr.
3.3 STREET ADDRESS BRANDON, FLA. 33510
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME Kerstin Williams T.D.
4.3 STREET ADDRESS 708 WEST SYLVAN DR.
4.4 CITY-ST-ZIP BRANDON, FLA. 33510

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

Gail Cope

5-28-98 10/11/15/19

CR2E037 (10/97)