

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90053 035 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 701567

1. Corporation Name

BRANDON HILLS SWIM CLUB, INC.

Principal Place of Business

712 W SYLVAN DRIVE
BRANDON FL 33510-3544

Mailing Address

712 W SYLVAN DRIVE
BRANDON FL 33510-3544



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/20/1960

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1169656

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, KERSTIN
708 W LYNN SYLVAN DR
SUITE 1
BRANDON FL 33510

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

708 West Sylvan Dr

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 *Kerstin Williams*

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

(NOTE: Registered Agent signature required when reinstating)

4/30/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD ☐ DELETE

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

VPD
Mark Gee
605 North Sylvan Dr.
Brandon, FL

TITLE PD ☐ DELETE

NAME CARROLL, PHILLIP
STREET ADDRESS 610 CAROLYN DR
CITY-ST-ZIP BRANDON FL 33510

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME WILLIAMS, KERSTIN
STREET ADDRESS 708 W SYLVAN DR
CITY-ST-ZIP BRANDON FL 33510

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Kerstin Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

DATE

Daytime Phone #

CR2E037 (1/98)