

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90024 022 ****61.25

DOCUMENT # 754698 1. Entity Name FLORIDA GOLD COAST SWIMMING, INC.					
Principal Place of Business 2627 ALAMANDA CT FT. LAUDERDALE, FL 33301			Mailing Address 2627 ALAMANDA CT FT. LAUDERDALE, FL 33301		
2. Principal Place of Business 951 U.S. Hwy #1 Suite, Apt. #, etc.		3. Mailing Address 951 U.S. Hwy #1 Suite, Apt. #, etc.			
City & State NORTH PALM BEACH, FL.		City & State NORTH PALM BEACH, FL		4. FEI Number 31-1012803	
Zip 33408		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDREWS, JOHN S ESQ ANDREWS PHILLIPS & GALATIS 1501 NE 4 AVE FT. LAUDERDALE, FL 33304				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, JACK 503 SEABREEZE BLVD FT LAUDERDALE, FL 33316		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NELSON, JACK 503 SEABREEZE BLVD FT. LAUDERDALE, FL 33316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DILLON, MICHAEL 503 SEABREEZE BLVD. FORT LAUDERDALE, FL 33316		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DILLON, MICHAEL 503 SEABREEZE BLVD FT. LAUDERDALE, FL 33316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAVANAUGH, DICK 951 US HIGHWAY #1 N PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROBERT, CAROGOL 10728 SILK STREET MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROGOL, ROBERT 466 SOUTH FIG TREE LN PLANTATION, FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEMPTHORNE, ALICE 2627 ALAMANDA CT FT. LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARVIN, STUART 501 SEABREEZE BLVD FT. LAUDERDALE, FL 33316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANSELL, JOE 2202 PENNSYLVANIA DR FT. LAUDERDALE, FL 33460		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARMENTER, JIMMY 9141 NW 2ND STREET PLANTATION, FL 33324	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Richard Cavanah</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>2/7/04</u> Daytime Phone # <u>(561) 691-3427</u>		