

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90039 017 ****61.25

DOCUMENT # 754698

1. Entity Name
FLORIDA GOLD COAST SWIMMING, INC.



Principal Place of Business
951 U.S. HWY # 1
NORTH PALM BEACH, FL 33408

Mailing Address
951 U.S. HWY # 1
NORTH PALM BEACH, FL 33408

50002589



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
31-1012803

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

ANDREWS, JOHN S ESQ
ANDREWS PHILLIPS & GALATIS
1501 NE 4 AVE
FT LAUDERDALE, FL 33304

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, 2006**

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 VPD
NAME PEPPAS, KIRK ☐ Delete
STREET ADDRESS 13378 SW 144TH TERR
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME DILLON, MICHAEL ☐ Delete
STREET ADDRESS 503 SEABREEZE BLVD.
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME CAVANAH, RICHARD ☐ Delete
STREET ADDRESS 951 US HWY # 1
CITY-ST-ZIP N PALM BEACH, FL 33408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ROBERT, CAROGOL ☐ Delete
STREET ADDRESS 466 SOUTH FIG TREE LN
CITY-ST-ZIP PLANTATION, FL 33317

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME STUART, MARVIN ☐ Delete
STREET ADDRESS 501 SEABREEZE BKVD
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME PARMENTER, JIMMY ☒ Delete
STREET ADDRESS 9141 NW 2ND STREET
CITY-ST-ZIP PLANTATION, FL 33324

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Richard E. Cavanah (RICHARD CAVANAH) 3/11/06 561-691-3427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #