

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90015 046 \*\*\*\*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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
31-1012803

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New 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, 2007**

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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 Cavanah* - RICHARD CAVANAH

1-20-07

691-3427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #