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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 770112

(1)

Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  City & State  City & State  City & State  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Required  \$5.00 May Be Added to Fees	THE FORT MYERS SWIM CLUB, INC.						A PROVINCED BY TRAIN BASIN THE PROPERTY OF THE PROPERTY BY BURNET CARRY BY BURNET CARRY BY BURNET BY BURNE		
1885 COLFRIEN MEMBER   18890    18								i -	
PORT WIRES FL 3390    FORT MIRES FL 3390    3. Date incorporated or Qualitop   3. Date incorporated or Qualitop   3. Date incorporated or Qualitop   3. Date of Last Report   04/18/1983   3. Date incorporated or Qualitop   3. Date of Last Report   04/18/1983   3. Date incorporated or Qualitop   3. Date of Last Report   04/18/1983   3. Date incorporated or Qualitop   04/18/1983   3. Date incorporated or Qualitop   04/18/1983   3. Date incorporated or Qualitop   04/18/1983   3. Date of Last Report   04/18/1983   3. Date incorporated or Qualitop   04/18/1983   3. Date incorporated or Qualitop   04/18/1983   3. Date of Last Report   04/18/1983   3. Date of Last Report   04/18/1983   3. Date incorporated in Qualitop   04/18/1983   3. Date incor	Principal Place of	of Business	Mai	ling Address				; 1881(f. 1881) (881) d mai (1881 (1881 (1891 ann) ann) ann ann ann ann ann ann	
2. Principal Pacco of Business	1865 GOLFVIEW AVENUE 1865 GOLFVIEW AVENUE			E					
2. Procept Place of Business								09/02/1983 04/19/1995	
Satio, Apt. #, etc.    Satio, Apt. #, etc.		ce of Business	$\vdash$	Mailing Address				<b>59-0841824</b> Not Applicable	
Colys State   Colys State   Country   2p	Suite, Apt. #	, etc.	27	Suite, Apt. #, etc.				Certificate of Status Desired     Fee Required	
Zep Country Zep S	City & State		28	City & State				Trust Fund Contribution Added to Fees	
PANKOW, CHARLES   1215 LAFAUNCE WAY   FT. MYERS FL 33901   84    City   FL   85    Zip Code	Zip	25			$\vdash$	untry		Florida Statutes	
PANKOW, CHARLES 1215 LAFAUNCE WAY FT. MYERS FL 33901  82  Sitest Address (P.O. Box Number is Not Acceptable)  83  84 City FL 85 Zp Code  11. Pursuant to the provision of 17.0502 and 617.1509. 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 circulors. Thereby accept the exportment as registered agent. Lam standard with, and accept the obspactions of, Section 17.0502. Florida Statutes.  SIGNATURE  Signature merits are registered agent. Control of the purpose of changing its registered agent. Lam standard with, and accept the obspactions of, Section 17.0502. Florida Statutes.  SIGNATURE  Signature merits of principles and purpose of principles and purpose of changing its registered agent. Lam standard corporation is board of circulors. Thereby accept the exportment as registered agent. Lam statute with, and accept the obspactions of, Section 17.0502. Florida Statutes.  SIGNATURE  Signature merits of principles and purpose of changing its registered difference of circular and accept the obspactions of the purpose of changing its registered difference of		9. Name and Address of Curren	t Regisi	tered Agent		01	Moore		
11. Fursuant to the previous or U Sections 617 0:500 and 617.1508. Finite Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Foreis Such changing was authorized by the composition's board of circulors. Hereby accept the appointment as registered agent, I am or or previous the obligations of Section 617.0503. Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  TOTAL Register Addition  SIREET ADDRESS  SIREET ADDRESS  OFFI-2P  TITLE  VP  OFFICERS AND DIRECTORS  TITLE  SIGNATURE  SIREET ADDRESS  OFFI-3P  TITLE  VP  OFFICERS AND DIRECTORS  TITLE  SIGNATURE  SIREET ADDRESS  OFFI-3P  TITLE  VP  OFFICERS AND DIRECTORS  TITLE  SIREET ADDRESS  TITLE  VP  OFFI-3P  Addition  TITLE  VP  OFFI-3P  TITLE  TITLE  VP  OFFI-3P  TITLE  TITLE  VP  OFFI-3P  TITLE						*'			
FT. MYERS FL 33901    B4   City   FL   85   Zp Code	PANKOW, CHARLES				82	Street .	t Address (P.O. Box Number is Not Acceptable)		
B4   City   FL   85   Zip Code	FT. MYEI	RS FL 33901				83			
SIGNATURE Signature revised prited name employment appealable OPFICERS AND DIRECTORS  13. AND TIONS CHANGES TO OPFICERS AND DIRECTORS IN 12    Name									
Hite  NAME  BENSON, LOWELL  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE									
BENSON, LOWELL STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33906  TITLE SD CLIFFORD, KAREN STREET ADDRESS CITY-ST-ZIP FT. MYERS FL STREET ADDRESS CITY-ST-ZIP TITLE VP HENDERSON, HANDY STREET ADDRESS CITY-ST-ZIP FT. MYERS FL STREET ADDRESS CITY-ST-ZIP TITLE VP STREET ADDRESS CITY-ST-ZIP TITLE T COLEMAN, SALLY STREET ADDRESS CITY-ST-ZIP THE DELETE D Change Addition Change Addition Change Addition Change Addition Change Addition Change Change Addition Change Change Addition Change		OFFICERS AN	ID DIREC	CTORS					
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OTY-ST-ZIP   F+ Myecs, FL 33919 0230 (	STREET ADDRESS				63	STREET	ADDRESS	s 5553' Snaddelee lane mall	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further		or cortific that the information are all all	- الطاف والارادي	filian in unlimbally 4				Ft Myers, FL 33919	

certify that the information indicated on this arrival 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.

ASTATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date