

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 770112 (1)

1. Corporation Name

THE FORT MYERS SWIM CLUB, INC.



Principal Place of Business

1865 GOLFVIEW AVENUE  
FORT MYERS FL 33901

Mailing Address

1865 GOLFVIEW AVENUE  
FORT MYERS FL 33901

3. Date Incorporated or Qualified  
09/02/1983

3a. Date of Last Report  
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-0841824

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PANKOW, CHARLES  
1215 LAFAUNCE WAY  
FT. MYERS FL 33901

81 Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO	<input type="checkbox"/> DELETE
NAME	BENSON, LOWELL	
STREET ADDRESS	P.O. BOX 61157, N/A	
CITY-ST-ZIP	FT. MYERS FL 33906	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CLIFFORD, KAREN	
STREET ADDRESS	1719 FRAMINGHAM COURT	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, RANDY	
STREET ADDRESS	1314 SHADOW LANE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COLEMAN, SALLY	
STREET ADDRESS	1481 ARGYLE DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Benson, Lowell	
1.3 STREET ADDRESS	5324 Chippendale Circle	
1.4 CITY-ST-ZIP	Fort Myers, FL 33919	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sally Coleman	
4.3 STREET ADDRESS	1481 Argyle Dr	
4.4 CITY-ST-ZIP	FT Myers FL 33919	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lisa Tully	
5.3 STREET ADDRESS	2354 Sunrise Blvd.	
5.4 CITY-ST-ZIP	ft. Myers, FL 33907	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Tony Sarlo	
6.3 STREET ADDRESS	5553 Shaddelee Lane	
6.4 CITY-ST-ZIP	ft Myers, FL 33919	

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 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.

SIGNATURE:

Sally Coleman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-96 (941)334-1363

Date

Daytime Phone

CR2E037 (12/95)