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FILED

Mar 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 33901-79643. Date Incorporated or Qualified  
09/02/19833a. Date of Last Report  
03/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City &amp; State

27 Zip

Country

28

29

30

4. FEI Number

59-0841824

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME BENSON, LOWELL  
STREET ADDRESS 5324 CHIPPENDALE CIRCLE  
CITY-ST-ZIP FORT MYERS FL 33919TITLE D ☒ DELETE  
NAME COLEMAN, SALLY  
STREET ADDRESS 1481 ARGYLE DR  
CITY-ST-ZIP FT. MYERS FL 33919TITLE D ☒ DELETE  
NAME TULLY, LISA  
STREET ADDRESS 2354 SUNRISE BLVD.  
CITY-ST-ZIP FT. MYERS FL 33907TITLE T ☒ DELETE  
NAME COLEMAN, SALLY  
STREET ADDRESS 1481 ARGYLE DRIVE  
CITY-ST-ZIP FT. MYERS FL 33907TITLE D ☒ DELETE  
NAME SARLO, TONY  
STREET ADDRESS 5533 SHADDELEE LANE  
CITY-ST-ZIP FT MYERS FL 33919TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition  
1.2 NAME Tony Sarlo  
1.3 STREET ADDRESS 5533 Shaddelee Lane W.  
1.4 CITY-ST-ZIP Fort Myers, FL 339192.1 TITLE Director ☐ Change ☒ Addition  
2.2 NAME Kathy Vathakos  
2.3 STREET ADDRESS 1451 Medoc Lane  
2.4 CITY-ST-ZIP Fort Myers FL 339193.1 TITLE Director ☐ Change ☒ Addition  
3.2 NAME Edna Wynn  
3.3 STREET ADDRESS 4300 Lagg Ave  
3.4 CITY-ST-ZIP Fort Myers, FL 339014.1 TITLE Director ☐ Change ☒ Addition  
4.2 NAME Lisa Tully  
4.3 STREET ADDRESS 2354 Sunrise Blvd.  
4.4 CITY-ST-ZIP Fort Myers, FL 339075.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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:

Edna Wynn (KATHY D WYNN)

941-936-7490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0055824

CR2E037 (9/96)