

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **770112** (1)

1. Corporation Name

**THE FORT MYERS SWIM CLUB, INC.**

Principal Place of Business

Mailing Address

**1865 GOLFVIEW AVENUE  
FORT MYERS FL 33901**

**1865 GOLFVIEW AVENUE  
FORT MYERS FL 33901**



3. Date Incorporated or Qualified

**09/02/1983**

4. FEI Number

**59-0841824**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**24**

**25**

**28** Zip

Country

**29**

**30**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ 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

**Vathakos, Kathy**

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

**1451 Medoc Lane**

**83**

**84** City

**Ft. Myers**

**FL**

**85** Zip Code

**33919**

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

*Kathy A. Vathakos*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/26/98**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SARLO, TONY**  
STREET ADDRESS **5553 SHADDELEE LANE W.**  
CITY-ST-ZIP **FORT MYERS FL**

TITLE **D** ☐ DELETE

NAME **VATHA KOS, KATHY**  
STREET ADDRESS **1451 MEDOC LANE**  
CITY-ST-ZIP **FT. MYERS FL**

TITLE **D** ☒ DELETE

NAME **WYNN, EDNA**  
STREET ADDRESS **4300 LAGG AVE**  
CITY-ST-ZIP **FT. MYERS FL**

TITLE **D** ☒ DELETE

NAME **TULLY, LISA**  
STREET ADDRESS **2354 SUNRISE BLVD**  
CITY-ST-ZIP **FT. MYERS FL**

TITLE **D** ☒ DELETE

NAME **SARLO, TONY**  
STREET ADDRESS **5533 SHADDELEE LANE**  
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Treasurer** ☐ Change ☒ Addition

1.2 NAME **Sandra Green**  
1.3 STREET ADDRESS **1203 Vesper Dr**  
1.4 CITY-ST-ZIP **Ft. Myers, FL 33901**

2.1 TITLE **Secretary** ☐ Change ☒ Addition

2.2 NAME **Robin Gretz**  
2.3 STREET ADDRESS **3924 Maxine St.**  
2.4 CITY-ST-ZIP **Ft. Myers, FL 33901**

3.1 TITLE **Vice President** ☐ Change ☒ Addition

3.2 NAME **Sara Duffy**  
3.3 STREET ADDRESS **183 July Circle**  
3.4 CITY-ST-ZIP **N. Ft. Myers, FL 33903**

4.1 TITLE **Tom Raber** ☐ Change ☒ Addition

4.2 NAME **2190 Sebastian Ct.**  
4.3 STREET ADDRESS **Alva, FL 33920**  
4.4 CITY-ST-ZIP **T**

5.1 TITLE **Chuck Thaggard** ☐ Change ☒ Addition

5.2 NAME **1440 Charles Rd.**  
5.3 STREET ADDRESS **Ft. Myers, FL 33919**  
5.4 CITY-ST-ZIP **T**

6.1 TITLE **Don Sharitt** ☐ Change ☒ Addition

6.2 NAME **1536 Manchester Blvd**  
6.3 STREET ADDRESS **Ft. Myers, FL 33919**  
6.4 CITY-ST-ZIP **T**

14. I 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:

*Sandra Green* *4/30/98 (941) 274-3019*

CR2E037 (10/97)