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0059336

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 770112

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/02/1983

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

9. Name and Address of Current Registered Agent

VATHAKOS, KATHY  
1451 MEDOC LANE  
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name Don Sharitt

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

1536 Manchester Blvd

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

Don Sharitt

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

(NOTE: Registered Agent signature required when reinstating)

3-16-99

DATE

12. OFFICERS AND DIRECTORS

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

☒ DELETE

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

☒ DELETE

TITLE TD  
NAME GREEN, SANDRA  
STREET ADDRESS 1203 VESPER DR  
CITY-ST-ZIP FT MYERS FL 33901

☐ DELETE

TITLE SD  
NAME GRETZ, ROBIN  
STREET ADDRESS 3924 MAXINE ST  
CITY-ST-ZIP FT. MYERS FL 33901

☐ DELETE

TITLE VPD  
NAME DUFFY, SARA  
STREET ADDRESS 783 JULY CIRCLE  
CITY-ST-ZIP N FT MYERS FL 33903

☐ DELETE

TITLE T  
NAME RABER, TOM  
STREET ADDRESS 2190 SEBASTIAN CT  
CITY-ST-ZIP ALVA FL 33920

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME Don Sharitt  
1.3 STREET ADDRESS 1536 Manchester Blvd  
1.4 CITY-ST-ZIP Ft. Myers, FL 33919

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME Janet Norman  
2.3 STREET ADDRESS 3792 Luverne St  
2.4 CITY-ST-ZIP Ft. Myers, FL 33901

☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Sandra Green 3/20/99 (941) 939-5588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)