2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007411

FILED Feb 03, 2005 Secretary of State

Entity Name: COOPER CITY CYCLONES SWIM TEAM, INC.

Current Principal Place of Business: New Principal Place of Business: 11600 STONEBRIDGE PKWY COOPER CITY, FL 33026 **Current Mailing Address: New Mailing Address:** 11600 STONEBRIDGE PKWY COOPER CITY, FL 33026 FEI Number: 65-1082041 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHMURA, DEBORAH 11531 SW 52ND STREET COOPER CITY, FL 33330 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD (X) Change () Addition () Delete CHMURA, DEBORAH Name: MARTINE, MARCIA Name: 11531 SW 52ND STREET Address: 16534 SEGOVIA CIRCLE SOUTH Address: COOPER CITY, FL 33330 City-St-Zip: City-St-Zip: PEMBROKE PINES, FL 33331 Title: Title: () Delete () Change () Addition MARX, MARIE Name: Name: Address: 12000 BRIM WAY Address: City-St-Zip: COOPER CITY, FL 33026 City-St-Zip: Title: () Delete Title: () Change () Addition GERENA, ANA Name: Name: 11091 SPRINGFIELD PLACE Address: Address: City-St-Zip: COOPER CITY, FL 33026 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: WEAVER, KAREN Name: Address: 5561 SW 112TH TERRACE Address: City-St-Zip: COOPER CITY, FL 33330 City-St-Zip: Title: () Delete Title: () Change () Addition FONS, ELIZABETH Name: Name: 11202 REVEILLE ROAD Address: Address: City-St-Zip: COOPER CITY, FL 33026 City-St-Zip: Title: () Delete Title: (X) Change () Addition GROSS, JODI GROSS JODI Name: Name: Address: 10968 NASHVILLE DRIVE Address: 10968 NASHVILLE DRIVE COOPER CITY, FL 33026 COOPER CITY, FL 33026 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA GERENA PD 02/03/2005