

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007411

FILED
Feb 13, 2008
Secretary of State

Entity Name: COOPER CITY CYCLONES SWIM TEAM, INC.

Current Principal Place of Business:

11600 STONEBRIDGE PKWY
COOPER CITY, FL 33026

New Principal Place of Business:

Current Mailing Address:

11600 STONEBRIDGE PKWY
COOPER CITY, FL 33026

New Mailing Address:

FEI Number: 65-1082041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERENA, ANA
11091 SPRINGFIELD PLACE
COOPER CITY, FL 33026 US

Name and Address of New Registered Agent:

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:

Title: TD () Delete
Name: MARTINE, MARCIA
Address: 16534 SEGOVIA CIRCLE SOUTH
City-St-Zip: PEMBROKE PINES, FL 33331

Title: D () Delete
Name: SHAH, KAREN
Address: 3430 SW 116 AVENUE
City-St-Zip: DAVIE, FL 33330

Title: PD () Delete
Name: GERENA, ANA
Address: 11091 SPRINGFIELD PLACE
City-St-Zip: COOPER CITY, FL 33026

Title: D () Delete
Name: FONS, ELIZABETH
Address: 11202 REVEILLE ROAD
City-St-Zip: COOPER CITY, FL 33026

Title: SD () Delete
Name: MENDEZ, JENNY
Address: 2264 SW 104 AVENUE
City-St-Zip: MIRAMAR, FL 33025

Title: VPD () Delete
Name: GROSS, JODI
Address: 10968 NASHVILLE DRIVE
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: MARTINE, MARCIA
Address: 12648 SOUTH STONEBROOK CIRCLE
City-St-Zip: DAVIE, FL 33330

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: VELEZ, IRMA
Address: 1354 NW 144 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

02/13/2008

Electronic Signature of Signing Officer or Director

Date