2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007411

FILED Mar 11, 2009 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: GERENA, ANA 11091 SPRINGFIELD PLACE COOPER CITY, FL 33026 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: () Delete () Change () Addition MARTINE, MARCIA Name: Name: 12648 SOUTH STONEBROOK CIRCLE Address: Address: City-St-Zip: **DAVIE. FL 33330** City-St-Zip: Title: Title: (X) Change () Addition () Delete SHAH, KAREN Name: BURGE, SHERLEY Name: Address: 3430 SW 116 AVENUE Address: 5609 S.W. 9TH TERRACE City-St-Zip: **DAVIE, FL 33330** City-St-Zip: COOPER CITY, FL 33328 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: () Delete Title: SD (X) Change () Addition Name: FONS, ELIZABETH Name: FONS, ELIZABETH Address: 11202 REVEILLE ROAD Address: 11202 REVEILLE ROAD City-St-Zip: COOPER CITY, FL 33026 City-St-Zip: COOPER CITY, FL 33026 Title: () Delete Title: (X) Change () Addition VELEZ, IRMA RYAN, MARY ELLEN Name: Name: 1354 NW 144 AVENUE 703 HERITAGE WAY Address: Address: City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: WESTON, FL 33326 Title: () Delete Title: () Change () Addition GROSS, JODI Name: Name: Address: 10968 NASHVILLE DRIVE Address: 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 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 03/11/2009