

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90075 026 ****61.25

DOCUMENT # N01000005024

1. Entity Name
EASTLAKE WOODLANDS SWIM TEAM, INC.



Principal Place of Business
1374 FORESTEDGE BLVD
OLDSMAR, FL 34677

Mailing Address
1374 FORESTEDGE BLVD
OLDSMAR, FL 34677

40046773



2. Principal Place of Business
1055 East Lake Woodlands Pkwy
Suite, Apt. #, etc.

3. Mailing Address
4762 Stoneview Ct.
Suite, Apt. #, etc.

03132006 Chg-NP CR2E037 (11/05)

City & State
Oldsmar FL

City & State
Oldsmar, FL

Zip
34677

Country
Pinellas

Zip
34677

Country
Pinellas

4. FEI Number
59-3741110

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MOYA, CAROL C
2295 WARWICK DR
OLDSMAR, FL 34677

7. Name and Address of New Registered Agent
Name
Nancy S. Paikoff
Street Address (P.O. Box Number is Not Acceptable)
625 Court St.
Suite 200
City
Clearwater FL Zip Code
33756

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Nancy S. Paikoff DATE 4-6-2006
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOTZ, SYBIL	
STREET ADDRESS	1374 FORESTEDGE BLVD	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHEETS, JOY	
STREET ADDRESS	1374 FORESTEDGE BLVD.	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARBONELLI, JILL	
STREET ADDRESS	3349 ASHWOOD CT.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	<u>Kim Zarotny</u>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cathy Frazier	
STREET ADDRESS	4762 Stoneview Ct.	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy Paikoff	
STREET ADDRESS	625 Court St., Ste 200	
CITY-ST-ZIP	Clearwater, FL 33756	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patrice Petrik	
STREET ADDRESS	4797 Hampton Ct.	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	<u>T. Kim Zarotny</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	135 Greenhaven Trail	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy S. Paikoff DATE 4-6-06 DAYTIME PHONE # 727-441-8966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR