

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000005024

FILED  
Oct 01, 2007  
Secretary of State

Entity Name: EASTLAKE WOODLANDS SWIM TEAM, INC.

## Current Principal Place of Business:

1055 E LAKE WOODLANDS PKWY  
OLDSMAR, FL 34677

## New Principal Place of Business:

## Current Mailing Address:

4762 STONEVIEW CT  
OLDSMAR, FL 34677

## New Mailing Address:

40 STANTON CIRCLE  
OLDSMAR, FL 34677

FEI Number: 59-3741110

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAIKOFF, NANCY S  
625 COURT ST  
SUITE 200  
CLEARWATER, FL 33756 US

## Name and Address of New Registered Agent:

HAZAMA, DORI  
40 STANTON CIRCLE  
OLDSMAR, FL 34677 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: DORI HAZAMA

10/01/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FRAZIER, CATHY  
Address: 4762 STONEVIEW CT  
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete  
Name: PAIKOFF, NANCY  
Address: 625 COURT ST., SUITE 200  
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete  
Name: PETRIK, PATRICE  
Address: 4797 HAMPTON CT  
City-St-Zip: OLDSMAR, FL 34677

Title: T ( ) Delete  
Name: ZAVOTNY, KIM  
Address: 135 GREENHAVEN TRAIL  
City-St-Zip: OLDSMAR, FL 34677

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: LOTZ, SYBIL  
Address: 1374 FORESTEDGE BLVD  
City-St-Zip: OLDSMAR, FL 34677

Title: D (X) Change ( ) Addition  
Name: HAZAMA, DORI  
Address: 40 STANTON CIRCLE  
City-St-Zip: OLDSMAR, FL 34677

Title: D (X) Change ( ) Addition  
Name: WAGNER, ELAINE  
Address: 4874 BRIDLE CT  
City-St-Zip: OLDSMAR, FL 34677

Title: T (X) Change ( ) Addition  
Name: BORAWSKI, JENNIFER  
Address: 100 WOODGLEN CT  
City-St-Zip: OLDSMAR, FL 34677

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: JENNIFER BORAWSKI

T

10/01/2007

Electronic Signature of Signing Officer or Director

Date