2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N01000005024

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:

40 STANTON CIRCLE
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3741110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAZAMA, DORI
40 STANTON CIRCLE
OLDSMAR, FL 34677 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: D ( ) Delete
Name: LOTZ, SYBIL
Address: 1374 FORESTEDGE BLVD
City-St-Zip: OLDSMAR, FL 34677

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: RAINBOLT, TONYA
Address: 802 CARDINAL AVE
City-St-Zip: PALM HARBOR, FL 34683

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

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

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: JENNIFER BORAWSKI D 02/26/2009

Electronic Signature of Signing Officer or Director — Date