

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000109

FILED  
Apr 12, 2007  
Secretary of State

**Entity Name:** COMETS SWIM TEAM BOOSTER CLUB, INC.

**Current Principal Place of Business:**

18331 PINES BLVD SUITE 143  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

18331 PINES BLVD SUITE 143  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:** 51-0441707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STRICKROOT, JOHN C JR.  
120 E. PALMETTO PARK RD., #450  
BOCA RATON, FL 33432 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: PD ( ) Delete  
Name: HAMILTON, MICHAEL  
Address: 18331 PINES BLVD SUITE 143  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD ( ) Delete  
Name: VALENCIA, DILMA  
Address: 18331 PINES BLVD SUITE 143  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD ( ) Delete  
Name: LODI, PAOLA  
Address: 18331 PINES BLVD SUITE 143  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD ( ) Delete  
Name: OLIVER, DIANA  
Address: 18331 PINES BLVD SUITE 14  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete  
Name: WILLIFORD, BILL  
Address: 18331 PINES BLVD SUITE 143  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GRIMES, JAMES  
Address: 18331 PINES BLVD SUITE 143  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD (X) Change ( ) Addition  
Name: ARANOFF, KEN  
Address: 18331 PINES BLVD SUITE 143  
City-St-Zip: PEMBROKE PINES, FL 33029

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

Title: TD (X) Change ( ) Addition  
Name: MARX, MARIE  
Address: 18331 PINES BLVD SUITE 14  
City-St-Zip: PEMBROKE PINES, FL 33029

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIE MARX

TD

04/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date