

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000109

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

17191 SHERIDAN STREET  
PEMBROKE PINES, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

17191 SHERIDAN STREET  
PEMBROKE PINES, FL 33331

**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:** MRS.  
**Name:** BERTI, PAULA PRESIDE  
**Address:** 17191 SHERIDAN STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33331

**Title:** MRS.  
**Name:** PERERA, CHRISTINA SECRETA  
**Address:** 17191 SHERIDAN STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33331

**Title:** MRS.  
**Name:** GIBSON, TRACEE TREASUR  
**Address:** 17191 SHERIDAN STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33331

**Title:** MRS.  
**Name:** MLUJEAK, JAMIE PARLIAM  
**Address:** 17191 SHERIDAN STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33331

I hereby 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 all other like empowered.

**SIGNATURE:** TRACEE GIBSON

MRS

02/19/2010

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

\_\_\_\_\_  
Date