2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# N03000003232

Entity Name: MARTIN COUNTY SWIMMING, INC.

Current Principal Place of Business:

2801 SOUTH KANNER HIGHWAY
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

2801 SOUTH KANNER HIGHWAY
STUART, FL 34994

New Mailing Address:

FEI Number: 65-1162665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCOMBS, JAMES
1883 NE MEDIA AVE
JENSEN BEACH, FL 34957 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: MCCOMBS, JAMES
Address: 1883 NE MEDIA AVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: D ( ) Delete
Name: LANDRUM, DICK
Address: 2949 SW CORNELL AVE
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete
Name: WILSON, GORDON
Address: 8228 SOUTHEAST CROFT CIRCLE., #J-8
City-St-Zip: HOBE SOUND, FL 33455

Title: D ( ) Delete
Name: PAPPAS, MICHAEL
Address: 2155 SOUTHEAST ELDER DRIVE
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: LAING, GORDON M
Address: 8843 SE JARDIN ST
City-St-Zip: HOBE SOUND, FL 33455

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: JAMES R MCCOMBS D 04/15/2008

Electronic Signature of Signing Officer or Director — Date