## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000002589

Entity Name: ENGLEWOOD AQUATIC CLUB, INC.

FILED Feb 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7359 LIGHTHOUSE STREET ENGLEWOOD, FL 34224

Current Mailing Address: New Mailing Address:

7359 LIGHTHOUSE STREET ENGLEWOOD, FL 34224

FEI Number: 14-1900554 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CLAUDE, CINDY 7359 LIGHTHOUSE STREET ENGLEWOOD, FL 34224 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:

Clastera is Cinneting of Decistors of August

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 ( ) Delete
 Title:
 P
 (X) Change ( ) Addition

 Name:
 BRANCACCIO, DAVID
 Name:
 BRANCACCIO, DAVID

 Address:
 9930 SE ENGLISH AVE
 Address:
 9930 SE ENGLISH AVE

 City-St-Zip:
 ARCADIA, FL 34266
 City-St-Zip:
 ARCADIA, FL 34266

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WHALEY, JR
 Name:

 Address:
 8112 MEMORY LANE
 Address:

 City-St-Zip:
 ROTONDA WEST, FL 33947
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf VP} \qquad ({\sf X}) \, {\sf Change} \ (\ ) \, {\sf Addition}$ 

 Name:
 CLAUDE, CINDY
 Name:
 CLAUDE, CINDY

 Address:
 7359 LIGHTHOUSE ST.
 Address:
 7359 LIGHTHOUSE ST.

 City-St-Zip:
 ENGLEWOOD, FL 34224
 City-St-Zip:
 ENGLEWOOD, FL 34224

Title: D () Delete Title: () Change () Addition

 Name:
 MORROW, BRYNN
 Name:

 Address:
 32 OAKLAND HILLS COURT
 Address:

 City-St-Zip:
 ROTONDA WEST, FL 33947
 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: CINDY CLAUDE VP 02/22/2009