

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90184 046 ****61.25

DOCUMENT # N04000003829

1. Entity Name
AQUACREST SWIMMING PARENTS ASSOCIATION, INC.



Principal Place of Business
**2503 SEACREST BLVD.
DELRAY BEACH, FL 33444**

Mailing Address
**1200 S. SWINTON AVE
DELRAY BEACH, FL 33444**



2. Principal Place of Business

3. Mailing Address
3200 N. Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.
201

01272005

Chg-NP

CR2E037 (10/03)

City & State

City & State
Boca Raton

4. FEI Number

84-1644404

Applied For

Not Applicable

Zip

Country

Zip

33431

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KLEIN, RICHARD B
1200 S. SWINTON AVE
DELRAY BEACH, FL 33444**

7. Name and Address of New Registered Agent

Name **Blair, Shawne**

Street Address (P.O. Box Number is Not Acceptable)
**3200 N. Military Trail
#201**

City **Boca Raton**

FL

Zip Code

33431

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Shawne W. Blair **Shawne W. Blair**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KLEIN, RICHARD B	
STREET ADDRESS	1200 S. SWINTON AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STONER, DEBORAH	
STREET ADDRESS	990 DELRAY LAKES DRIVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hendricks, Thomas	
STREET ADDRESS	117 Villa Circle	
CITY-ST-ZIP	Bouytan Beach FL 33483	
TITLE	V. Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blair, Kenneth	
STREET ADDRESS	920 Roberts Road	
CITY-ST-ZIP	Delray Beach FL 33483	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blair, Shawne	
STREET ADDRESS	920 Roberts Road	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Langley, Janet	
STREET ADDRESS	1026 Bucida Road	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shawne W. Blair

Shawne W. Blair 3/14/05 988-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #