

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003829

FILED
Jan 16, 2009
Secretary of State

Entity Name: AQUACREST SWIMMING PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

2503 SEACREST BLVD.
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

2503 SEACREST BLVD.
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 84-1644404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KENNEDY, STEVEN
9316 PEARCH LANE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

REISER, ADAM
263 NE 17TH STREET
DELRAY BEACH, FL 33444 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: ADAM REISER

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ERDMAN, FRED
Address: 5852 SUN POINTE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T () Delete
Name: KENNEDY, STEVEN L
Address: 9316 PEARCH LANE
City-St-Zip: BOYTON BEACH, FL 33437

Title: S () Delete
Name: GURLEY, TOM
Address: 3904 LOWSON BOULEVARD
City-St-Zip: DELRAY BEACH, FL 33483

Title: DIR () Delete
Name: MEEDER, GLENN
Address: 8216 WHITE ROCK CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: DIR () Delete
Name: LA FOUNTAIN, DARCY
Address: 3030 MURANO BAY DRIVE
City-St-Zip: BOYNTON BEACH, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GURLEY, TOM
Address: 3904 LOWSON BLVD
City-St-Zip: DELRAY BEACH, FL 33445

Title: T (X) Change () Addition
Name: REISER, ADAM
Address: 263 NE 17TH STREET
City-St-Zip: DELRAY BEACH, FL 33444

Title: S (X) Change () Addition
Name: MARTIN, CARLA
Address: 929 BANYAN DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

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

Title: DIR (X) Change () Addition
Name: EHRENKRANZ, ELLEN
Address: 2006 NW 3RD AVE
City-St-Zip: DELRAY BEACH, FL 33444

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: ADAM REISER

T

01/16/2009

Electronic Signature of Signing Officer or Director

Date