

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003829

FILED  
Jan 06, 2010  
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 ( )**

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

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

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

CASTANEDA, SHIRLEY DT  
1445-C SW 25TH AVE.  
BOYNTON BEACH, FL 33426 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: SHIRLEY CASTANEDA

01/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HYLINSKI, CATHY  
Address: 3557 LONE PINE ROAD  
City-St-Zip: DELRAY BEACH, FL 33445

Title: DVP  
Name: PEARCE, FW  
Address: 3960 N OCEAN BLVD.  
City-St-Zip: DELRAY BEACH, FL 33483

Title: DS  
Name: APPLGATE, CATHY  
Address: 939 BOLENDER DRIVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: DT  
Name: CASTANEDA, SHIRLEY  
Address: 1445-C SW 25TH AVE.  
City-St-Zip: BOYNTON BEACH, FL 33426

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: CATHY HYLINSKI

DP

01/06/2010

Electronic Signature of Signing Officer or Director

Date