

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005206

FILED
Apr 20, 2009
Secretary of State

Entity Name: BLUEWATER BARRACUDA SWIM TEAM, INC.

Current Principal Place of Business:

BLUEWATER/HURLBURT POOL
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

9 CAMBRIDGE AVE
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 27-0096004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEEK, HAROLD F JR
303 WASHINGTON AVENUE
VALPARAISO, FL 32580 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: CAULKINS, LYNETTE
Address: 1218 WHITEWOOD WAY
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: MARKWARDT, CHRISTINE R
Address: 625 KILCULLEN DR
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: TAYLOR, MARION
Address: 413 ROSCOMMON BLVD
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: VERSTEEG, JEFFREY
Address: 2055 AVENIDA DE SOL
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: BRASETH, PAMELA K
Address: 9 CAMBRIDGE AVE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BROADERICK, KATHLEEN
Address: 1013 CROCKED CREEK COVE
City-St-Zip: NICEVILLE, FL 32578

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

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

Title: D (X) Change () Addition
Name: BRUECHNER, PAUL
Address: 4 SOUTH ANDALUSIA
City-St-Zip: MARY ESTHER, FL 32569

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: PAMELA K BRASETH

DIR

04/20/2009

Electronic Signature of Signing Officer or Director

Date