

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90402 048 ****61.25

DOCUMENT # N04000006017

1. Entity Name
SOUTH FLORIDA WATER AQUATIC TEAMS INC.



Principal Place of Business
540 NW 4TH AVE
#701
FORT LAUDERDALE, FL 33311 US

Mailing Address
3800 WEST BROWARD BLVD
#111
FORT LAUDERDALE, FL 33312 US

14013603



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

☐ Applied For
☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, ANTONIA
540 NW 4TH AVE
#701
FORT LAUDERDALE, FL 33311

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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

A Martinez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-29-05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRES** ☐ Delete
NAME **MARTINEZ, ANTONIA**
STREET ADDRESS **540 NW 4TH AVE #701**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **SINGLETON, RODERICK A**
STREET ADDRESS **870 NW 203RD STREET**
CITY-ST-ZIP **MIAMI, FL 33169**

TITLE **VP** ☐ Change ☒ Addition
NAME **John Quinton**
STREET ADDRESS **7444 S.W. 74th Place**
CITY-ST-ZIP **North Lauderdale, FL 33068**

TITLE **DIR** ☐ Delete
NAME **SAMUEL, MEIKA**
STREET ADDRESS **4240 SW 23RD STREET**
CITY-ST-ZIP **HOLLYWOOD, FL 33023**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIR** ☒ Delete
NAME **PIPPEN, WELLMON**
STREET ADDRESS **1501 EAST BROWARD BLVD #609**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIR** ☐ Delete
NAME **RANDERSON, STEVEN**
STREET ADDRESS **6424 ROCK BEAUTE**
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **CHAZ DEYDEN**
STREET ADDRESS **5426 54th WAY**
CITY-ST-ZIP **WEST Palm Bch, FL 33409**

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:

A Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-05

Date

Daytime Phone #

954-560-9619