


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90006 033 \*\*\*\*70.00

<b>DOCUMENT # N04000007735</b>	
1. Entity Name <b>LAKEWOOD RANCH SWIM ASSOCIATION INC</b>	

Principal Place of Business <b>8256 LEGACY BLVD BRADENTON, FL 34202 US</b>	Mailing Address <b>11523 PALM BRUSH TRAIL, BOX 134 LAKEWOOD RANCH, FL 34202 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01192007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>20-1516055</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>MARTIN, CAREY 907 44TH ST. E BRADENTON, FL 34208</b>	

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, MURRAY 1767 LAKEWOOD BEACH BLVD #201 BRADENTON, FL 34211 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HC MARTIN, CAREY 1767 LAKEWOOD BEACH BLVD #201 BRADENTON, FL 34211 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'Donnell, Stephanie 923 Maritime Ct. Bradenton, FL 34212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HC Martin, Carey 907 44th St. E. Bradenton, FL 34208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gates, Karen 418 Petral Trail Bradenton, FL 34212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Montoya, Angela 6319 Tanagers Cove Bradenton, FL 34202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ferretti, Michelle 8114 Spring Marsh Dr. University Park, FL 34201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Krebs, Teresa 11302 30th Cove East Parrish, FL 34219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Stephanie M. O'Donnell Stephanie M. O'Donnell 1/26/07 (941) 708-9715  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

See attached sheet  
for additional Directors

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

40008642

<b>DOCUMENT # N04000007735</b>					
<b>1. Entity Name</b> LAKEWOOD RANCH SWIM ASSOCIATION INC					
<b>Principal Place of Business</b> 8256 LEGACY BLVD BRADENTON, FL 34202 US			<b>Mailing Address</b> 11523 PALM BRUSH TRAIL, BOX 134 LAKEWOOD RANCH, FL 34202 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-1516055	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>			
MARTIN, CAREY 907 44TH ST. E BRADENTON, FL 34208		Name Street Address (P.O. Box Number is Not Acceptable) City			
		FL Zip Code			
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P MILLER, MURRAY 1767 LAKEWOOD BEACH BLVD #201 BRADENTON, FL 34211	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P O'Donnell, Stephanie 923 Maritime Ct. Bradenton, FL 34212	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	HC MARTIN, CAREY 1767 LAKEWOOD BEACH BLVD #201 BRADENTON, FL 34211	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	HC Martin, Carey 907 44th St. E. Bradenton, FL 34208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VP Gates, Karen 418 Petral Trail Bradenton, FL 34212	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	T Montoya, Angela 6319 Tanager Cove Bradenton, FL 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S Ferretti, Michelle 8114 Spring Marsh Dr. University Park, FL 34201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D Krebs, Teresa 11302 30th Cove East Parrish, FL 34219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <u>Stephanie M. O'Donnell</u> <u>Stephanie M. O'Donnell</u> <u>1/26/07</u> <u>(941) 708-9715</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

See attached sheet  
 ...

# ATTACHMENT

40008642  
# N04000007735

## ADDITIONS TO DIRECTORS IN 10

TITLE: D  
NAME: McKANNA, JUDY  
STREET ADDRESS: 418 Petral Trail  
CITY-ST-ZIP: Bradenton, FL 34212

TITLE: D  
NAME: HANNER, STEVE  
STREET ADDRESS: 13639 2<sup>nd</sup> Ave NE  
CITY-ST-ZIP: Bradenton, FL 34212

# ATTACHMENT

## ADDITIONS TO DIRECTORS IN 10

4000 8642  
#N046000067735

TITLE: D  
NAME: McKANNA, JUDY  
STREET ADDRESS: 418 Petral Trail  
CITY-ST-ZIP: Bradenton, FL 34212

TITLE: D  
NAME: HANNER, STEVE  
STREET ADDRESS: 13639 2<sup>nd</sup> Ave NE  
CITY-ST-ZIP: Bradenton, FL 34212