

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N04568

1. Entity Name
VERO BEACH HIGH SCHOOL SWIM TEAM BOOSTERS,
INC.



Principal Place of Business

1465 WYN COVE DRIVE
C/O NANCY CONROY
VERO BEACH, FL 32963 US

Mailing Address

1465 WYN COVE DRIVE
C/O NANCY CONROY
VERO BEACH, FL 32963 US



03112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2503436

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CONROY, NANCY
1465 WYN COVE DRIVE
VERO BEACH, FL 32963

**DO NOT WRITE
IN THIS SPACE**

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

Nancy Conroy
Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/24/05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARINI, PETER
STREET ADDRESS 346 17TH AVENUE
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE VD
NAME SPARKS, JACKIE
STREET ADDRESS 2386 30TH AVENUE S.W.
CITY-ST-ZIP VERO BEACH, FL 32968

TITLE MT
NAME CONROY, NANCY
STREET ADDRESS 1465 WYN COVE DRIVE
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

U000000279308
03/28/05-80062-007 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05 (772) 231-0843
Date Daytime Phone #