

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90346 010 \*\*\*\*70.00

<b>DOCUMENT # N04568</b> 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		
2. Principal Place of Business <i>"as above"</i>		3. Mailing Address <i>"as above"</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04092006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-2503436	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  CONROY, NANCY 1465 WYN COVE DRIVE VERO BEACH, FL 32963				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 <i>Nancy Conroy</i> DATE <i>4/11/06</i> <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, 2006</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>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARINI, PETER <input checked="" type="checkbox"/> Delete 346 17TH AVENUE VERO BEACH, FL 32960			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joan Seckinger <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1125 Bounty Blvd., Vero Bch, Fl. 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPARKS, JACKIE <input checked="" type="checkbox"/> Delete 2386 30TH AVENUE S.W. VERO BEACH, FL 32968			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Suzanne Usina <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 405 24th Ave. SW Vero Bch, FLA. 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MT CONROY, NANCY <input type="checkbox"/> Delete 1465 WYN COVE DRIVE VERO BEACH, FL 32963			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 another like empowered.					
SIGNATURE: <i>Nancy Conroy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/11/06 (772) 559-0388 <small>Date Daytime Phone #</small>	