2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008
Secretary of State

DOCUMENT# N06000001023

Entity Name: NORTH CAPE SWIMMING, INC.

Current Principal Place of Business:

14885 MARTIN DRIVE
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

14885 MARTIN DRIVE
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 56-2530997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCINTYRE, DEBRA E
14885 MARTIN DRIVE
FORT MYERS, FL 33908 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: P ( ) Delete
Name: MCINTYRE, CURTIS P
Address: 14885 MARTIN DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: V ( ) Delete
Name: DEGUZMAN, BENJAMIN
Address: 2110 SW 39TH STREET
City-St-Zip: CAPE CORAL, FL 33914

Title: S (X) Delete
Name: LEISTIKOW, CATHY
Address: 3207 SKYLINE BLVD
City-St-Zip: FORT MYERS, FL 33914

Title: T (X) Delete
Name: MCINTYRE, DEBRA E
Address: 14885 MARTIN DRIVE
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V/T (X) Change ( ) Addition
Name: MCINTYRE, DEBRA E
Address: 14885 MARTIN DRIVE
City-St-Zip: FORT MYERS, FL 33908

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

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: DEBRA MCINTYRE V/T 03/17/2008
Electronic Signature of Signing Officer or Director Date