

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007727

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** AURORAS SYNCHRONIZED SWIM TEAM INC

**Current Principal Place of Business:**

2 ELI PLACE  
PALM COAST, FL 32164

**New Principal Place of Business:**

19 SEPTEMBER PLACE  
PALM COAST, FL 32164

**Current Mailing Address:**

2 ELI PLACE  
PALM COAST, FL 32164

**New Mailing Address:**

19 SEPTEMBER PLACE  
PALM COAST, FL 32164

**FEI Number:** 26-3249122

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALCOLM, SANDY  
1 WHITTLESEY LANE  
PALM COAST, FL 32164 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:** D  
**Name:** JAFFE, GAYLE  
**Address:** 19 SEPTEMBER PL  
**City-St-Zip:** PALM COAST, FL 32164

**Title:** PT  
**Name:** MALCOLM, SANDY  
**Address:** 1 WHITTLESEY LANE  
**City-St-Zip:** PALM COAST, FL 32164

I hereby 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 all other like empowered.

**SIGNATURE:** GAYLE JAFFE

D

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date