

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004720

FILED
Feb 06, 2011
Secretary of State

Entity Name: TAMPA BLUE TIDE SWIMMING INC.

Current Principal Place of Business:

5638 SKIMMER DRIVE
APOLLO BEACH, FL 33572

New Principal Place of Business:

Current Mailing Address:

5638 SKIMMER DRIVE
APOLLO BEACH, FL 33572

New Mailing Address:

FEI Number: 27-2975675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATES, VAN A SR
5638 SKIMMER DRIVE
APOLLO BEACH, FL 33572 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: PD
Name: RICKWAY, SEAN
Address: 3803 SADDLE RIDGE ST
City-St-Zip: VALRICO, FL 33596

Title: VD
Name: CURRAO, CHARLES
Address: 3803 SADDLE RIDGE ST
City-St-Zip: VALRICO, FL 33596

Title: SD
Name: LOGAN, HOLLY
Address: 3803 SADDLE RIDGE ST
City-St-Zip: VALRICO, FL 33596

Title: TD
Name: OMEL, MICHAEL
Address: 3803 SADDLE RIDGE ST
City-St-Zip: VALRICO, FL 33596

Title: D
Name: CATES, VIRGINIA
Address: 3803 SADDLE RIDGE ST
City-St-Zip: VALRICO, FL 33596

Title: D
Name: GESACION, DAVE
Address: 3803 SADDLE RIDGE ST
City-St-Zip: VALRICO, FL 33596

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: VIRGINIA CATES

D

02/06/2011

Electronic Signature of Signing Officer or Director

Date