

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # N13801

1. Entity Name
SWIM FORT LAUDERDALE, INC.



Principal Place of Business
**HALL OF FAME POOL
503 SEABREEZE BLVD.
FT. LAUDERDALE, FL 33316**

Mailing Address
**417 IDLEWYLD DR.
FT. LAUDERDALE, FL 33301 US**



02262004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2744842

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NELSON, SHERRILL
417 IDLEWYLD DR.
FT. LAUDERDALE, FL 33301**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000072512
02/01/04-80114-004 \$1.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOONJIAN, DON 1792 BAY DR. HILLSBORO BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NELSON, SHERRILL H 417 IDLEWYLD DR FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRAKE, PHIL 818 4 ST FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OBRIEN, TIM 501 SEABREEZE BLVD FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(i), 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:

Sherrill H. Nelson
SHERRILL H. NELSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-2004 954 463.7142

Date

Daytime Phone #