2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005
Secretary of State

DOCUMENT# N13801

Entity Name: SWIM FORT LAUDERDALE, INC.

Current Principal Place of Business:

HALL OF FAME POOL
503 SEABREEZE BLVD.
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

417 IDLEWYLD DR.
FT. LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 59-2744842 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NELSON, SHERRILL
417 IDLEWYLD DR.
FT. LAUDERDALE, FL 33301 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 ( ) Delete
Name: MOONJIAN, DON
Address: 1792 BAY DR.
City-St-Zip: HILLSBORO BAY, FL

Title: ST ( ) Delete
Name: NELSON, SHERRILL H
Address: 417 IDLEWYLD DR
City-St-Zip: FT LAUDERDALE, FL

Title: VD ( ) Delete
Name: DRAKE, PHIL,
Address: 818 4 ST
City-St-Zip: FT. LAUDERDALE, FL

Title: VP ( ) Delete
Name: OBRIEN, TIM
Address: 501 SEABREEZE BLVD
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MOONJIAN, DON
Address: 20732 BIRCH STREET PARKWAY
City-St-Zip: BOCA RATON, FL 33428

Title: ST (X) Change ( ) Addition
Name: NELSON, SHERRILL H
Address: 417 IDLEWYLD DR
City-St-Zip: FT LAUDERDALE, FL 33301

Title: VD (X) Change ( ) Addition
Name: DRAKE, PHIL
Address: 818 4 ST
City-St-Zip: FT. LAUDERDALE, FL 33301

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHERRILL H NELSON ST 07/12/2005

Electronic Signature of Signing Officer or Director — Date