

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N13801 1. Entity Name SWIM FORT LAUDERDALE, INC.	
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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
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	Country	

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent NELSON, SHERRILL 417 IDLEWYLD DR. FT. LAUDERDALE FL 33301	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____
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4. FEI Number 59-2744842	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	MOONJIAN, DON
STREET ADDRESS	20732 BIRCH STREET PARKWAY
CITY - ST - ZIP	BOCA RATON FL 33428
TITLE	ST <input type="checkbox"/> Delete
NAME	NELSON, SHERRILL H
STREET ADDRESS	417 IDLEWYLD DR
CITY - ST - ZIP	FT LAUDERDALE FL 33301
TITLE	VD <input type="checkbox"/> Delete
NAME	DRAKE, PHIL
STREET ADDRESS	818 4 ST
CITY - ST - ZIP	FT. LAUDERDALE FL 33301
TITLE	VP <input type="checkbox"/> Delete
NAME	OBRIEN, TIM
STREET ADDRESS	501 SEABREEZE BLVD
CITY - ST - ZIP	FORT LAUDERDALE FL 33301
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1100000520576
STREET ADDRESS	05/02/06-80100-019 61.25
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 A-17-06 954 463-7142