FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N19812

(9)

THE PLANTATION SWIM TEAM BOOSTER CLUB, INC.

Principal Place of Business Malling Address				•		T STORMON DOS SIGNO REPORTORES TROPO TROPO STORM ORDIN ENDS STORE GLOCK GLOCK GLOCK GLOCK
9141 NW 2ND ST PLANTATION FL 33324		9141 NW 2ND ST PLANTATION FL 33324			3. Date Incorporated or Qualified 03/17/1987	
						4. FEI Number Applied For
		· · · · · · · · · · · · · · · · · · ·				65-0046849 Not Applicable
21	Place of Business	2a. Mailing Address 26	26			5. Certificate of Status Desired S8.75 Additional Fee Required
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22		27	City & State			Trust Fund Contribution Added to Fees
City & State		28	28			7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
Zip	Country	Zip	<u></u>	untry		8. This corporation owes or has pald the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes 🔀 No
	9. Name and Address of Cu	rrent Registered Agent		-		10. Name and Address of New Registered Agent
j				81	Name	}
MAHONEY, JANE				82	Street	Address (P.O. Box Number is Not Acceptable)
6101 BANYAN TERR				83		
PLANTA	TION FL 33317			83		
				84	City	FL 85 Zip Code
44 Discount	to the provinces of Continue 617	0500 and 612 1500 Florida Cto	tuton the			
office or i	registered agent, or both, in the S	tate of Florida, Such change wa	is authorize	ed by	the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
! · ·			Florida Sta	atutes	3.	4/28/98
SIGNATURE	Signature, typed or printed name of registere		OTE: Register	ed Age	nt signature	required when reinstating) DATE
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1	TITLE		☐ Change ☐ Addition
NAME	WOOLGER, JUNE		1.2	NAME		
STREET ADDRESS	RESS 9141 NW 2ND ST		1.3	STREET	ADDRESS	
CITY-ST-ZIP	PLANTATION FL		1,41	CITY-S	T-ZIP	
TITLE	TD DELETE 2		2.1	TITLE		
NAME	MAHONEY, JANE		2.21	NAME		
# STREET ADDRESS	9141 NW 2ND ST		2.3	STREET	ADDRES\$	• * * *
CITY-ST-ZIP			2, 4	2, 4 CITY - ST - ZIP		
TITLE	SD DELETE		3,1 1	TITLE		P - A Change 💹 Addition
NAME	COAN, LANA		3.21	NAME		JAY THOMAS
STREET ADDRESS	9141 NW 2ND ST		3.3 9	STREET	address	9141 N.W. 2 ND 67.
CITY-ST-ZIP	PLANTATION FL		_	CITY-5	ST-ZiP	PLA NTATION, FL
TITLE	VPD	⊠ DELĒTE	4.1	TITLE		S - 10 Change M Addition
NAME	GOODWIN, PAT			NAME		GARY NIK
STREET ADDRESS	9141 NW 2ND ST				ADDRESS	1 1 1 1
CITY-ST-ZIP	PLANTATION FL			CITY-S	T-ZIP	PLANTATION , FL
TITLE		☐ OELETE		TITLE		Change Addition
NAME				NAME		
STREET ADDRESS			-		address	
CITY-ST-ZIP		I I no esc		CITY - S	T-ZIP	Dobass District
TITLE	,	☐ DELETE		TITLE		☐ Change ☐ Addition
NAME			1	NAME		
STREET ADDRESS					ADDRESS	
CITY-\$T-ZIP	and that the information auroplic	dudah ahin 60 dan ana ana ana isi		CITY - S		d in Coation 110 07/2)(i) Florida Statutos I further continuing that the information

I nereby 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 informatio indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ma lumber

4/28/98

954 475- 8498

FILED

May 14 1998 8:00am

Secretary of State