

FILE NOW: FILING FEE IS \$61.25

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Jun 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45749**

(1)

1. Corporation Name

ST. AUGUSTINE SWIM TEAM, INC.



Principal Place of Business PO BOX 3592 ST. AUGUSTINE FL 32085 US	Mailing Address PO BOX 3592 ST. AUGUSTINE FL 32085 US
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3. Date Incorporated or Qualified 10/25/1991
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4. FEI Number 59-3083490	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent CONLON, DOUGLAS B 356 VILLAGE DRIVE ST AUGUSTINE FL 32095

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Douglas B Conlon* **TREASURER ST AUGUSTINE SWIM TEAM** **04-01-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	FINK, ANN M
STREET ADDRESS	409 CAMELIA TRAIL
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	COLLINS, RENA
STREET ADDRESS	407 17TH ST. NORTH BEACH
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	GREENOUGH, PATRICIA
STREET ADDRESS	6 ANASTASIA PARK DR
CITY-ST-ZIP	ST AUGUSTINE FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	CONLON, DOUGLAS B
STREET ADDRESS	356 VILLAGE DRIVE
CITY-ST-ZIP	ST AUGUSTINE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	DP
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	DV SHOEMAKER, DENNA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	1071 S. WINTER HAWK DR
5.3 STREET ADDRESS	ST. AUGUSTINE, FL 32086
5.4 CITY-ST-ZIP	
6.1 TITLE	DS BRAUNCK, LINDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	501 13th Street
6.3 STREET ADDRESS	St. Augustine, FL 32095
6.4 CITY-ST-ZIP	

14. 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 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: *Douglas B Conlon* **TREASURER** **04-01-98** **904-808-0149**

CR2E037 (10/97)