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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morikam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46337** (4)

AQUATIC CLUB OF TEMPLE TERRACE, INC.



Principal Place of Business	Mailing Address
C/O TEMPLE TERRACE RECREATION CENTER 6610 WHITEWAY DRIVE TEMPLE TERRACE FL 33617 US	6610 WHITEWAY DRIVE TEMPLE TERRACE FL 33617 US

21 Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified	12/06/1991
4. FEI Number	59-3094590
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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

9. Name and Address of Current Registered Agent
PANDOLF, CAROLINE 509 CLIFF DR. TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent
81 Name PENNY OLINGER
82 Street Address (P.O. Box Number is Not Acceptable) 18904 Pebble Run Way
83 City Tampa
84 State FL
85 Zip Code 33647

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	2nd Vice President
NAME	MUNOZ, MIGUEL	1.2 NAME	VD
STREET ADDRESS	10004 TURKEY TROT PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	Treasurer
NAME	ZWOLAK, KAREN	2.2 NAME	TD
STREET ADDRESS	311 RIVERHILLS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	1st Vice President
NAME	ANDERSON, CHIP	3.2 NAME	VD
STREET ADDRESS	3901 SANDALWOOD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O' LAKES FL 34639	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	President
NAME	O' LINGER, PENNY	4.2 NAME	New Registered Agent
STREET ADDRESS	18904 PEBBLE RUN WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Kim Harmon
NAME	VAKILI, SHEILA	5.2 NAME	9811 Sir Frederick St.
STREET ADDRESS	8411 CALADESI ISLAND DRIVE	5.3 STREET ADDRESS	Tampa, FL 33637
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	5.4 CITY-ST-ZIP	Westerham Dr N
TITLE	VD	6.1 TITLE	Julia Hower
NAME	HOWER, JULIA	6.2 NAME	not director
STREET ADDRESS	6610 WHITEWAY DRIVE	6.3 STREET ADDRESS	16016 Westerham Dr N
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	6.4 CITY-ST-ZIP	Tampa FL 33647

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 as an attachment with an address.

SIGNATURE: _____ 4/5/98 813 510-8103

CP2E037 (10/97)