

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46337

FILED
Apr 10, 2006
Secretary of State

Entity Name: AQUATIC CLUB OF TEMPLE TERRACE, INC.

Current Principal Place of Business:

C/O TEMPLE TERRACE RECREATION CENTER
6610 WHITEWAY DRIVE
TEMPLE TERRACE, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

6610 WHITEWAY DRIVE
TEMPLE TERRACE, FL 33617 US

New Mailing Address:

FEI Number: 59-3094590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGRUSA, BOB PRESIDE
6228 CRICKET HOLLOW DR
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

MENENDEZ, MANUEL A TREASU
3047 AERNAL COURT
LAND O LAKES, FL 34639 US

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: MANUEL A MENENDEZ

04/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: PRISLAND, TONY
Address: 307 BEN AVON DR
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: PD () Delete
Name: AGRUSA, BOB
Address: 6228 CRICKET HOLLOW DR
City-St-Zip: RIVERVIEW, FL 33569 US

Title: T () Delete
Name: MENENDEZ, MANNY A
Address: 3047 AERNAL COURT
City-St-Zip: LAND O LAKES, FL 34639 US

Title: SD () Delete
Name: BEXLEY, KRIS
Address: 822 EAST RIVER DR
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: VD (X) Delete
Name: SLATER, WAYNE
Address: 16317 HEATHROW DR
City-St-Zip: TAMPA, FL 33637 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PE (X) Change () Addition
Name: MARTIN, ED
Address: 7209 KINGSBURY COURT
City-St-Zip: TAMPA, FL 33610 US

Title: VP (X) Change () Addition
Name: HOWER, JULIA
Address: 16010 WESTERHAM DRIVE
City-St-Zip: TAMPA, FL 33647 US

Title: T (X) Change () Addition
Name: MENENDEZ, MANUEL A
Address: 3047 AERNAL COURT
City-St-Zip: LAND O LAKES, FL 34639 US

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

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 Chapter 119, 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: MANUEL A MENENDEZ

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04/10/2006

Electronic Signature of Signing Officer or Director

Date