

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Jan 27 1997 8:00am
Secretary of State**DOCUMENT # N93000001592 (5)**

1. Corporation Name

CORAL SPRINGS MASTERS SWIM PROGRAM, INC.

Principal Place of Business

Mailing Address

**12441 ROYAL PALM BLVD.
CORAL SPRINGS FL 33065****12441 ROYAL PALM BLVD.
CORAL SPRINGS FL 33065-3279**3. Date Incorporated or Qualified
04/02/19933a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21**26****2857 NW 91 Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27****Apt # 101**

City & State

City & State

23**28****Coral Springs FL**

Zip

Country

29**33065**

Country

24**30****U.S.A.**

4. FEI Number

65-0297424

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUSTIG, PHILIP
9937 MAJORCA PLACE
BOCA RATON FL 33434**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETENAME **LUSTIG, PHILIP**
STREET ADDRESS **9937 MAJORCA PLACE**
CITY - ST - ZIP **BOCA RATON FL 33434**TITLE **D** ☐ DELETENAME **CERAOLO, JOHN**
STREET ADDRESS **569 NW 87TH TR.**
CITY - ST - ZIP **CORAL SPRINGS FL**TITLE **D** ☐ DELETENAME **LUDWIG, SUSAN**
STREET ADDRESS **10333 NW 49TH CT.**
CITY - ST - ZIP **CORAL SPRINGS FL**TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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:

John P. Ceraolo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1-8-97**
Date**(954) 753-5285**
Daytime Phone #

0022385

CP2E037 (9/96)