

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000003099**

1. Entity Name  
**SOUTHWEST FLORIDA SWIM CLUB, INC.**



Principal Place of Business  
**20421 ROOKERY DRIVE  
ESTERO, FL 33928**

Mailing Address  
**20421 ROOKERY DRIVE  
ESTERO, FL 33928**

**DO NOT WRITE IN THIS SPACE**



04282005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0506364**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HENSHAW, DONALD  
11512 TIMBERLINE CIR  
FT MYERS, FL 33912**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HENSHAW, DONALD
STREET ADDRESS	20421 ROOKERY DRIVE
CITY - ST - ZIP	ESTERO, FL 33928
TITLE	D
NAME	HENSHAW, CONNIE
STREET ADDRESS	20421 ROOKERY DRIVE
CITY - ST - ZIP	ESTERO, FL 33928
TITLE	D
NAME	FRANKLIN, SANDRA
STREET ADDRESS	21172 BRAXFIELD LOOP
CITY - ST - ZIP	ESTERO, FL 33928
TITLE	D
NAME	DAVIS, KAREN
STREET ADDRESS	1278 14TH AVENUE NORTH
CITY - ST - ZIP	NAPLES, FL 33940
TITLE	D
NAME	RITZ, KARL
STREET ADDRESS	17504 LEBANON ROAD
CITY - ST - ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000358652  
05/04/05-80124-002 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Donald Henshaw* **Director**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/05*

Date

*239 334 0651*

Daytime Phone #