

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003432

FILED
Feb 21, 2011
Secretary of State

Entity Name: CAPE AQUATICS SWIM CLUB, INC.

Current Principal Place of Business:

725 SW 52ND STREET
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 100094
CAPE CORAL, FL 33910

New Mailing Address:

FEI Number: 65-0504670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLLINS, EDWARD G
725 SW 52ND STREET
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: COLLINS, EDWARD G
Address: 725 SW 52ND STREET
City-St-Zip: CAPE CORAL, FL 33914 US

Title: PRES
Name: PHAN, THU
Address: PO BOX 100094
City-St-Zip: CAPE CORAL, FL 33910

Title: VPD
Name: STEPHANIE, BLOCH
Address: PO BOX 100094
City-St-Zip: CAPE CORAL, FL 33910 US

Title: RS
Name: KERFOOT, LIA
Address: 1909 SE 1ST ST
City-St-Zip: CAPE CORAL, FL 33990

Title: S
Name: CROWLEY, EILEEN
Address: PO BOX 100094
City-St-Zip: CAPE CORAL, FL 33910 US

Title: T
Name: STEAKLEY, CHARLENE
Address: 3329 SW 2ND AVE
City-St-Zip: CAPE CORAL, FL 3914

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE BLOCH

VPD

02/21/2011

Electronic Signature of Signing Officer or Director

Date