

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004567 (3)

1. Corporation Name

PARTNERS FOR AQUATICS AT LAKE MARY, INC.



Principal Place of Business

Mailing Address

775 TOMLINSON TERRACE
LAKE MARY FL 32746775 TOMLINSON TERRACE
LAKE MARY FL 32746-63093. Date Incorporated or Qualified
09/13/19943a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 533 Lakeshore Cir.

26 533 Lakeshore Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3269499

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

23 City & State

LAKE Mary, FL

28 City & State

LAKE Mary, FL

24 Zip

32746

25 Country

Seminole

29 Zip

32746

30 Country

Seminole

9. Name and Address of Current Registered Agent

PELO, DEBORAH L
775 TOMLINSON TERRACE
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name

Frederick D. Tyler

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

533 Lakeshore Circle

83

84 City

LAKE Mary

FL

85 Zip Code

32746

11. Pursuant to the provisions of Sections 617.0502 and 617.1008, 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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARKS, JAMES A	
STREET ADDRESS	1120 W, FIRST STREET, SUITE B	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TARR, ROBERT D	
STREET ADDRESS	123 WAGON WHEEL WAY	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	QUINN, DANNIE L	
STREET ADDRESS	569 SERENITY PLACE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DURYEA, GEROGE F CPA	
STREET ADDRESS	116 E. CRYSTAL LAKE AVE.	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BEITEL, MARG A	
STREET ADDRESS	4 QUAIL RUN	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	TYLER, RENEE H	
STREET ADDRESS	533 LAKESHORE CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32746	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Frederick D. Tyler	
1.3 STREET ADDRESS	533 Lakeshore Cir.	
1.4 CITY-ST-ZIP	LAKE Mary, FL 32746	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard Robinson	
2.3 STREET ADDRESS	600 Holbrook Cir.	
2.4 CITY-ST-ZIP	LAKE Mary, FL 32746	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cynthia L. Goembel	
3.3 STREET ADDRESS	315 Hidden Lk Dr	
3.4 CITY-ST-ZIP	Sanford, FL 32773	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	700002104447	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-03/05/97--01009--030	
6.3 STREET ADDRESS	***61.25	
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:

Signature and typed or printed name of signing officer or director

Cynthia L. Goembel

Date

1/14/97

Daytime Phone # 407-323-4050

CR2E037 (9/96)