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FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004721 (4)

1. Corporation Name

NORTH EAST TAMPA SWIMMING, INC.

Principal Place of Business

Mailing Address

5811 TAMPA PALMS AVENUE
C/O TAMPA PALMS GOLF & COUNTRY CLUB
TAMPA FL 336475811 TAMPA PALMS AVENUE
C/O TAMPA PALMS GOLF & COUNTRY CLUB
TAMPA FL 33647-10973. Date Incorporated or Qualified
09/09/1996

3a. Date of Last Report

4. FEI Number

59-3419579

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT, ROSLYN
6242 GREENWICH DRIVE
TAMPA FL 33647

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 ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPPRESIDENT
STEVE SCOTT D
6242 GREENWICH DR.
TAMPA, FL 33647☐ Change ☒ AdditionTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP1ST V.P.
RICHARD HUG D
9017 QUAIL CREEK DR.
TAMPA, FL 33647☐ Change ☒ AdditionTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP2ND V.P.
JOSEPH QUINN D
10043 CYPRESS SHADOW
TAMPA, FL 33647☐ Change ☒ AdditionTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPSECRETARY
VICKI YEATHAN
8915 MAGNOLIA CHASE CIR.
TAMPA, FL 33647☐ Change ☒ AdditionTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTREASURER
WILLIAM TREFFER
8943 MAGNOLIA CHASE CIR.
TAMPA, FL 33647☐ Change ☒ AdditionTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIPMEET COORDINATOR
JEAN STOCKS
15808 FAIRCHILD DR. N.
TAMPA, FL 33647☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

Date

Daytime Phone # 0049062

CR2E037 (9/96)