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Mar 26 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA 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 33647**

**5811 TAMPA PALMS AVENUE
C/O TAMPA PALMS GOLF & COUNTRY CLUB
TAMPA FL 33647**

3. Date Incorporated or Qualified

09/09/1996

4. FEI Number

59-3419579

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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]

(NOTE: Registered Agent signature required when reinstating)

3/5/98

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
NAME SCOTT, STEVE
STREET ADDRESS 6242 GREENWICH DR.
CITY-ST-ZIP TAMPA FL**

TITLE ☐ DELETE

**VPD
NAME HUG, RICHARD
STREET ADDRESS 9017 QUAIL CREEK DR
CITY-ST-ZIP TAMPA FL**

TITLE ☒ DELETE

**VPD
NAME QUINN, JOSEPH
STREET ADDRESS 10043 CPYRESS SHADOW
CITY-ST-ZIP TAMPA FL**

TITLE ☒ DELETE

**S
NAME YEATMAN, VICKI
STREET ADDRESS 8915 MAGNOLIA CHASE CIR.
CITY-ST-ZIP TAMPA FL**

TITLE ☒ DELETE

**T
NAME TERFZER, WILLIAM
STREET ADDRESS 8943 MAGNOLIA CHASE CIR.
CITY-ST-ZIP TAMPA FL**

TITLE ☒ DELETE

**MC
NAME STOCKS, JEAN
STREET ADDRESS 15808 FAIRCHILD DR. N.
CITY-ST-ZIP TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

**T
Irby Rosalyn
15820 Glenarn Dr.
Tampa, FL 33618**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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]

3/16/98 (813)972-473

CR2E037 (10/97)