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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003466

1. Corporation Name

THE NORTH LAUDERDALE HAMMERHEADS SWIM TEAM, INC.

Principal Place of Business

**AQUATIC CENTER
701 SW 71ST AVE.
NORTH LAUDERDALE FL 33068**

Mailing Address

**AQUATIC CENTER
701 SW 71ST AVE.
NORTH LAUDERDALE FL 33068**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/16/1997

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**GOREN, SAMUEL S
3099 E. COMMERCIAL BLVD. STE. 200
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MARCELLO, TERRI	
STREET ADDRESS	AQUATIC CENTER, 701 SW 71ST AVE.	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	LINDLEY, CAROL	
STREET ADDRESS	AQUATIC CENTER, 701 SW 71ST AVE.	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MORICK, MARGARET	
STREET ADDRESS	AQUATIC CENTER, 701 SW 71ST AVE.	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	TWENEBDAH, SHARON	
STREET ADDRESS	AQUATIC CENTER, 701 SW 71ST AVE.	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Marcello, Terri	
1.3 STREET ADDRESS	Aquatic Center, 701 SW 71st Ave	
1.4 CITY-ST-ZIP	North Lauderdale, FL 33068	

2.1 TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pamela Lee	
2.3 STREET ADDRESS	Aquatic Center, 701 SW 71st Ave	
2.4 CITY-ST-ZIP	North Lauderdale, FL 33068	

3.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Marcello, Terri	
3.3 STREET ADDRESS	Aquatic Center, 701 SW 71st Ave	
3.4 CITY-ST-ZIP	North Lauderdale, FL 33068	

4.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Tara Bacchus	
4.3 STREET ADDRESS	Aquatic Center, 701 SW 71st Ave	
4.4 CITY-ST-ZIP	North Lauderdale, FL 33068	

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		<input type="checkbox"/> Change <input type="checkbox"/> 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, with other like empowered.

SIGNATURE: *Terri Marcello* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)