

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000002564



1. Entity Name
MARLIN SWIM CLUB, INC.

Principal Place of Business
**430 SW 43RD PLACE
OCALA, FL 34474**

Mailing Address
**430 SW 43RD PLACE
OCALA, FL 34474**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112008

Chg-NP

CR2E037 (12/06)

4. FEI Number
31-1742326

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VARGO, BILL
430 SW 43RD PLACE
OCALA, FL 34474**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VARGO, BILL
430 SW 43RD PLACE
OCALA, FL 34474** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WELBES, CORI
PO BOX 10
INGLIS, FL 34449** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BLYTHE, DEMEOA
3240 SW 34ST APT 41
OCALA, FL 34474** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
NIGHTINGALE, LORIE
3566 SE 29 CT
OCALA, FL 34471** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CURRAN, JOHN
2112 SE 15 LN
OCALA, FL 34471** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
VROTSOS, PAUL
6175 SE HWY 42
SUMMERFIELD, FL 34491** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1100010980016
04/22/08-60036-014 61.25** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/08

352-873-584