

DOCUMENT # N99000005449

1. Entity Name

MERRITT ISLAND SWIM CLUB, INC.

Principal Place of Business

585 SUNSET LANE
MERRITT ISLAND FL 32952

Mailing Address

585 SUNSET LANE
MERRITT ISLAND FL 32952

2. Principal Place of Business

P.O. Box 540175

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 540175

Suite, Apt. #, etc.

City & State
Merritt Island FLCity & State
Merritt Island FLZip
32954-0175Country
USAZip
32954-0175Country
USA

4. FEI Number

52-2183692

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAER, WILLIAM L
4105 OLD SETTLEMENT ROAD
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name
Rosemary AustinStreet Address (P.O. Box Number is Not Acceptable)
205 S. Courtenay Pkwy #202City
Merritt Island

FL

Zip Code
32952

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.

SIGNATURE

Rosemary Austin

Rosemary Austin

1/5/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BAER, WILLIAM L	
STREET ADDRESS	4105 OLD SETTLEMENT RD	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LOVE, WILSON H	
STREET ADDRESS	585 SUNSET LANE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	LOVE, ALANIA Q	
STREET ADDRESS	585 SUNSET LANE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAWKS, VICKI	
STREET ADDRESS	145 UTOPIA CIRCLE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOMBARD, DEBORAH	
STREET ADDRESS	1830 NEW FOUND HARBOR DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANIEL, KIMBERLY	
STREET ADDRESS	120 DUNE LANE	
CITY-ST-ZIP	COCOA FL 32927	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Patterson	
STREET ADDRESS	2205 Capeview St	
CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kim Daniel	
STREET ADDRESS	120 Dune Lane	
CITY-ST-ZIP	Cocoa, FL 32927	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosemary Austin	
STREET ADDRESS	205 S. Courtenay Pkwy #202	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Livingston	
STREET ADDRESS	2145 Heron Dr	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Paxton	
STREET ADDRESS	730 Osprey Pl	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robin Cantwell	
STREET ADDRESS	80 Barcelona Blvd	
CITY-ST-ZIP	Merritt Island, FL 32952	

12. 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 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:

Rosemary Austin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90107 030 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)