


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90304 043 ****70.00

DOCUMENT # N99000005449		
1. Entity Name MERRITT ISLAND SWIM CLUB, INC.		

Principal Place of Business P.O. BOX 540175 MERRITT ISLAND, FL 32954 US	Mailing Address P.O. BOX 540175 MERRITT ISLAND, FL 32954 US
---	---

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, FL Zip 32954-0175 Country USA	City & State Merritt Island, FL Zip 32954-0175 Country USA
---	---

04172005 Chg-NP CR2E037 (10/03)

4. FEI Number 52-2183692	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GONZALEZ, JULIANNE 533 JILLOTUS ST MERRITT ISLAND, FL 32952	7. Name and Address of New Registered Agent Name Robin Cantwell Street Address (P.O. Box Number is Not Acceptable) 80 Barcelona Blvd City 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robin A. Cantwell Robin A. Cantwell 4-20-05
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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP PATTERSON, BILL 2205 CAPEVIEW ST MERRITT ISLAND, FL 32952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP Ronnie Lawson 911 Beryl Dr. Rockledge, FL 32955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DUMOULIN, MARIE 490 BELA CAPRI DRIVE MERRITT ISLAND, FL 32952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS JoAnn Michalsky 2805 Raintree Lake Circle Merritt Island, FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIMONETOS, TED 3450 FELDA ST COCOA, FL 32926 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Phil-MacIntyre 1385 Taurus Ct Merritt Island, FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GONZALEZ, JULIANNE 533 JILLOTUS ST. MERRITT ISLAND, FL 32952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Robin Cantwell 80 Barcelona Blvd Merritt Island, FL 32952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robin A. Cantwell 4-20-05 321-453-0085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #