

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000049014 (0)

1. Corporation Name

SWIMAMERICA OF SARASOTA, INC.



Principal Place of Business

Mailing Address

3671 BENEVA OAKS DRIVE
SARASOTA FL 34238

3671 BENEVA OAKS DRIVE
SARASOTA FL 34238

3. Date Incorporated or Qualified

06/22/1995

3a. Date of Last Report

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

24

25

29

30

4. FEI Number

65-0597767

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, DEBORAH W
3671 BENEVA OAKS DRIVE
SARASOTA FL 34238

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of the corporation's chief executive officer (the incorporator)

(If the Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY, ST, ZIP

11.5 NAME

☐ DELETE

11.6 NAME

11.7 STREET ADDRESS

11.8 CITY, ST, ZIP

11.9 NAME

☐ DELETE

11.10 NAME

11.11 STREET ADDRESS

11.12 CITY, ST, ZIP

11.13 NAME

☐ DELETE

11.14 NAME

11.15 STREET ADDRESS

11.16 CITY, ST, ZIP

11.17 NAME

☐ DELETE

11.18 NAME

11.19 STREET ADDRESS

11.20 CITY, ST, ZIP

11.21 NAME

☐ DELETE

11.22 NAME

11.23 STREET ADDRESS

11.24 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

P, V, T, S
DEBORAH W. WALKER
3671 BENEVA OAKS DRIVE
SARASOTA, FL 34238

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***200.00

1/20/96
946
923 3540

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(ix), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed

CR2E034 (12/95)