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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90069 022 \*\*\*150.00

**DOCUMENT # P95000049014**

1. Corporation Name

**SWIMAMERICA OF SARASOTA, INC.**

Principal Place of Business

**3671 BENEVA OAKS DRIVE  
VANOUS SITES, POOLS  
SARASOTA FL 34238  
US**

Mailing Address

**P.O. BOX 18716  
SARASOTA FL 34276  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/22/1995**

4. FEI Number

**65-0594097**

Applied For

Not Applicable

2. Principal Place of Business

**4226 S. Prairie View Dr**

2a. Mailing Address

**4226 S. Prairie View Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sarasota, Florida**

City & State

**Sarasota, Florida**

Zip

**34232**

Country

**USA**

Zip

**34232**

Country

**USA**

9. Name and Address of Current Registered Agent

**MCCLAUGHERTY, VERA  
4226 SOUTH PRAIRIE VIEW DRIVE  
VARIOUS SITES, POOLS  
SARASOTA FL 34232**

81 Name

82 Street

83

84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*VERA MCCLAUGHERTY*

**VERA MCCLAUGHERTY**

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

(NOTE: Registered Agent signature)

12. OFFICERS AND DIRECTORS

TITLE **PVTS** ☐ DELETE

NAME **MCCLAUGHERTY, VERA**

STREET ADDRESS **4226 SOUTH PRAIRIE VIEW DRIVE**

CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

*PLEASE:  
NOTICE CORRECTED  
ADDRESS  
and  
FEI NUMBER !!  
Thanks*

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*VERA MCCLAUGHERTY*

**VERA MCCLAUGHERTY**

**1-30-99**

**941-371-1837**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)