

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 30, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P96000036584**

**1. Entity Name  
BOCA SWIM ACADEMY, INC.**



**Principal Place of Business  
7600 NORTH LYONS ROAD  
COCONUT CREEK, FL 33073**

**Mailing Address  
7600 NORTH LYONS ROAD  
COCONUT CREEK, FL 33073**



**01272005 No Chg-P CR2E034 (10/03)**

**4. FEI Number  
65-0658223**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**AMANN, LOUISE M  
461 NE 42ND ST.  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
SFERES, TRACY  
7600 N LYONS ROAD  
COCONUT CREEK, FL 33073**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPSD  
FRECHETTE, GAYLE  
7600 N LYONS ROAD  
COCONUT CREEK, FL 33073**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**U00000349204  
05/02/05-80055-021 150.00**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: *Tracy Sferes* TRACY SFERES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/23/05**