

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42501

Entity Name: SUNRISE SWIMMING BOOSTER CLUB, INC.**Current Principal Place of Business:**SUNRISE CIVIC CENTER
10610 WEST OAKLAND PARK BLVD.
SUNRISE, FL 33351**Current Mailing Address:**PO BOX 450205
SUNRISE, FL 33345 US**FEI Number:** 65-0245482**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WATHEN, CHRISTI
3226 NW 102 TERRACE
SUNRISE, FL 33351 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title VP
Name KOHANYI, IVETT
Address 2441 EAST ARAGON BLVD
APT 4
City-State-Zip: SUNRISE FL 33313Title T
Name AVELLANEDA, PILAR
Address 9451 NW 54TH STREET
City-State-Zip: SUNRISE FL 33351Title P
Name SCHLEICHER, AMY
Address 10440 NW 18TH DRIVE
City-State-Zip: PLANTATION FL 33322

Title S
Name GOMEZ, AMANDA
Address 4913 NW 59TH WAY
City-State-Zip: CORAL SPRINGS FL 33067

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PILAR AVELLANEDA**TREASURER****01/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date