

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703420

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: BEACHES AQUATIC POOL INC

**Current Principal Place of Business:**

297 AQUATIC DR  
ATLANTIC BEACH, FL 322332617 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 330238  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

FEI Number: 59-1007425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, BILL  
535 DAVIS ST.  
NEPTUNE BCH., FL 32266 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILLIAMS, BILL  
Address: 535 DAVIS ST  
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: VPD ( ) Delete  
Name: POTTER, ALAN  
Address: 374 2ND ST  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T ( ) Delete  
Name: WILLIAMS, JUNE ANN  
Address: 535 DAVIS ST.  
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: SD ( ) Delete  
Name: WEISNER, CINDY  
Address: 603 CAMELLIA TERRACE  
City-St-Zip: NEPTUNE BEACH, FL 32266

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BILL WILLIAMS

PRES

02/12/2009

Electronic Signature of Signing Officer or Director

Date