2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 11, 2009
Secretary of State

DOCUMENT# N32859

Entity Name: FLORIDA SWIMMING POOL ASSOCIATION - SPACE COAST CHAPTER, INC.

Current Principal Place of Business:

2555 PORTER LAKE DRIVE
SUITE 106
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

2555 PORTER LAKE DRIVE
SUITE 106
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 65-0124750 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WEBBER, ROBIN
2555 PORTER LAKE DRIVE
SARASOTA, FL 34240 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: ROBIN WEBBER
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	GRUNHOFFER, SHELLY	
Address:	4100 W. CHAM RD STE. 105	
City-St-Zip:	MELBOURNE, FL 32935	
Title:	VPD	( ) Delete
Name:	MOODY, CARL	
Address:	1082 N HARBOR CITY	
City-St-Zip:	MELBOURNE, FL 32935	
Title:	SD	( ) Delete
Name:	MONTANARO, DOMINICK	
Address:	345 PARK AVE.	
City-St-Zip:	SATELLITE BEACH, FL 32937	
Title:	TD	( ) Delete
Name:	ADCOCK, EVA	
Address:	4660 US 1 NORTH	
City-St-Zip:	MELBOURNE, FL 32935	

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: EVA ADCOCK TD 11/11/2009
Electronic Signature of Signing Officer or Director — Date