

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718950

FILED
Feb 14, 2007
Secretary of State

Entity Name: FLORIDA POOL AND SPA ASSOCIATION, INC.

Current Principal Place of Business:

1718 MAIN STREET
SUITE 303
SARASOTA, FL 34236 US

Current Mailing Address:

1718 MAIN STREET
SUITE 303
SARASOTA, FL 34236

New Principal Place of Business:

2555 PORTER LAKE DRIVE
SUITE 106
SARASOTA, FL 34240 US

New Mailing Address:

2555 PORTER LAKE DRIVE
SUITE 106
SARASOTA, FL 34240

FEI Number: 59-1679812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBBER, ROBIN R
1718 MAIN STREET, SUITE 303
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

WEBBER, ROBIN R
2555 PORTER LAKE DRIVE
SUITE 106
SARASOTA, FL 34240 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:

02/14/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PPD () Delete
Name: DELAFIELD, EDWARD
Address: 3404 REYNOLDS RD
City-St-Zip: LAKELAND, FL 33803

Title: VD () Delete
Name: MONTANARO, DOMINICK
Address: 345 PARK AVENUE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: SD () Delete
Name: COOPER, ALAN
Address: 938 SWEETGUM VALLEY PL
City-St-Zip: LAKE MARY, FL 32746

Title: PD () Delete
Name: EGGLEFIELD, SCOTT
Address: PO BOX 1650
City-St-Zip: NOKOMIS, FL 34274

Title: TD () Delete
Name: LENOIS, ROY
Address: 762 S NOVA ROAD
City-St-Zip: SARASOTA, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: ANDREWS, CLAY
Address: 2243 URBAN RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: PD (X) Change () Addition
Name: MONTANARO, DOMINICK
Address: 345 PARK AVENUE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VD (X) Change () Addition
Name: COOPER, ALAN
Address: 938 SWEETGUM VALLEY PL
City-St-Zip: LAKE MARY, FL 32746

Title: PPD (X) Change () Addition
Name: EGGLEFIELD, SCOTT
Address: PO BOX 1650
City-St-Zip: NOKOMIS, FL 34274

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DOMINICK MONTANARO

PD

02/14/2007

Electronic Signature of Signing Officer or Director

Date