

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703420

Entity Name: BEACHES AQUATIC POOL INC**Current Principal Place of Business:**297 AQUATIC DR
ATLANTIC BEACH, FL 32233-2617**Current Mailing Address:**PO BOX 330238
ATLANTIC BEACH, FL 32233**FEI Number: 59-1007425****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WILLIAMS, BILL
535 DAVIS ST.
NEPTUNE BCH., FL 32266 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 PD
Name WILLIAMS, BILL
Address 535 DAVIS ST
City-State-Zip: NEPTUNE BEACH FL 32266Title T
Name WILLIAMS, JUNE ANN
Address 535 DAVIS ST.
City-State-Zip: NEPTUNE BEACH FL 32266Title DIRECTOR
Name WIGGINS, AMY JJENNIFER
Address 16077 PUSKITA TRL
City-State-Zip: JACKSONVILLE FL 32218Title VPD
Name POTTER, JANE
Address 374 2ND ST
City-State-Zip: ATLANTIC BEACH FL 32233Title SD
Name WEISNER, CINDY
Address 603 CAMELLIA TERRACE
City-State-Zip: NEPTUNE BEACH FL 32266

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: BILL WILLIAMS**PRESIDENT****03/01/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date