

**2024 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:**535 DAVIS STREET  
NEPTUNE BEACH, FL 32266 US**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 32266

Title	VPD
Name	REMLEY , DONALD E.
Address	1309 VIOLET STREET
City-State-Zip:	ATLANTIC BEACH FL 32233

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

Title	SD
Name	WEISNER, CINDY
Address	603 CAMELLIA TERRACE
City-State-Zip:	NEPTUNE BEACH FL 32266

Title	DIRECTOR
Name	WIGGINS, AMY JJENNIFER
Address	16077 PUSKITA TRL
City-State-Zip:	JACKSONVILLE FL 32218

Title	DIRECTOR
Name	MARTIN, PAUL
Address	824 16TH AVENUE
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	DIRECTOR
Name	KAVANAGH, KEVIN
Address	1760 PARK TERRACE EAST
City-State-Zip:	ATLANTIC BEACH FL 32233

*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/DIRECTOR****01/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date