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.

PRESIDENT

SIGNATURE: BILL S. WILLIAMS

Electronic Signature of Signing Officer/Director Detail

Current Mailing Address: PO BOX 330238

**Current Principal Place of Business:** 

Entity Name: BEACHES AQUATIC POOL INC

PO BOX 330238 ATLANTIC BEACH, FL 32233

ATLANTIC BEACH. FL 32233-2617

## FEI Number: 59-1007425

**DOCUMENT# 703420** 

297 AQUATIC DR

## Name and Address of Current Registered Agent:

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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 **Officer/Director Detail :** Title PD Title VPD WILLIAMS, BILL Name POTTER, JANE Name Address 535 DAVIS ST Address 374 2ND ST City-State-Zip: ATLANTIC BEACH FL 32233 NEPTUNE BEACH FL 32266 City-State-Zip: Title SD Title Т Name WEISNER, CINDY Name WILLIAMS, JUNE ANN

Address535 DAVIS ST.Address603 CAMELLIA TERRACECity-State-Zip:NEPTUNE BEACH FL 32266City-State-Zip:NEPTUNE BEACH FL 32266

FILED Jan 25, 2019 Secretary of State 2151903181CC

Date

Certificate of Status Desired: No

01/25/2019

Date