

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713820

Entity Name: FLORIDA SKIN DIVERS ASSOCIATION, INC.**Current Principal Place of Business:**4800 5TH AVENUE NORTH
ST. PETERSBURG, FL 33713**Current Mailing Address:**4800 5TH AVENUE NORTH
ST. PETERSBURG, FL 33713 US**FEI Number:** 59-3170924**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HARDMAN, WILLIAM W
4800 5TH AVENUE NORTH
ST PETERSBURG, FL 33713 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:** WILLIAM HARDMAN

06/23/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|------------------------|
| Title | T |
| Name | HARDMAN, WILLIAM W |
| Address | 4800 5TH AVENUE NORTH |
| City-State-Zip: | ST PETERSBURG FL 33713 |

| | |
|-----------------|-------------------------|
| Title | VD |
| Name | HARDMAN, WILLIAM |
| Address | 4800 5TH AVENUE NORTH |
| City-State-Zip: | ST. PETERSBURG FL 33713 |

| | |
|-----------------|-------------------------|
| Title | SD |
| Name | EMORY, MEAGAN |
| Address | 600 37TH AVENUE NORTH |
| City-State-Zip: | ST. PETERSBURG FL 33704 |

| | |
|-----------------|---------------------|
| Title | PD |
| Name | TALOKONNIKOFF, MILO |
| Address | 4707 OHIO AVENUE |
| City-State-Zip: | TAMPA FL 33616 |

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: WILLIAM HARDMAN**TREASURER**

06/23/2020

Electronic Signature of Signing Officer/Director Detail

Date