

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F47103

**FILED  
Mar 05, 2015  
Secretary of State  
CC4724007164**

**Entity Name:** NOFINER POOLS OF SEMINOLE COUNTY, INC.

**Current Principal Place of Business:**

102 CAMPHOR TREE LANE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

102 CAMPHOR TREE LANE  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 59-2191324

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHEA, ELIZABETH  
102 CAMPHOR TREE LANE  
ALTAMONTE SPRINGS, FL 32714 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 SHEA, DAVID D  
Address 191 POINCIANA LANE  
City-State-Zip: ENTERPRISE FL 32738

Title TD  
Name SHEA, ELIZABETH  
Address 102 CAMPHOR TREE LANE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DS  
Name SHEA, CAROL P  
Address 191 POINCIANA LANE  
City-State-Zip: ENTERPRISE FL 32738

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELIZABETH SHEA

**SECRETARY/TREASURER 03/05/2015**

Electronic Signature of Signing Officer/Director Detail

Date