

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 718950 (9)

1. Corporation Name

FLORIDA POOL AND SPA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

558 S. OSPERY AVE.  
SARASOTA FL 34236  
US

558 S. OSPERY AVE.  
SARASOTA FL 34236  
US



3. Date Incorporated or Qualified

08/05/1970

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1679812

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEDNERIK, JON C  
558 S. OSPREY AVE  
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.1503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

4-24-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	BEDNERIK, JON C	
STREET ADDRESS	558 S OSPREY AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PPD	<input checked="" type="checkbox"/> DELETE
NAME	SEFFER, DAVID H	
STREET ADDRESS	1451 SW 12TH AVENUE, BAY D	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EDEN, JEANNE ANN	
STREET ADDRESS	702 COMMERCIAL DRIVE	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAVIDSON, O BUD	
STREET ADDRESS	P O BOX 3727	
CITY-ST-ZIP	LANTANA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LUCAS, STEVEN R	
STREET ADDRESS	320-C DIVISION AVENUE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MIKE UNGER	
STREET ADDRESS	8188 ORANGE ALE	
CITY-ST-ZIP	ORLANDO FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	32117
4.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	403 SO. THIRD STREET
4.4 CITY-ST-ZIP	33465
5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	PO Box 593704 8188 S. ORANGE AVENUE
5.4 CITY-ST-ZIP	Orlando, FL 32859-3704
6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Steve Bludsworth
6.3 STREET ADDRESS	4401 Edgewater Drive
6.4 CITY-ST-ZIP	Orlando, FL 32804

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature, typed or printed name of signing officer or director

Steven R. Lucas

4/25/96

Date

407/851-2660

Daytime Phone #

CR2E037 (12/95)

5-21-96