

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90120 015 ****61.25

0055440

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718950

1. Corporation Name

FLORIDA POOL AND SPA ASSOCIATION, INC.

Principal Place of Business

558 S. OSPERY AVE.
SARASOTA FL 34236
US

Mailing Address

558 S. OSPERY AVE.
SARASOTA FL 34236
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

08/05/1970

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

10. Name and Address of New Registered Agent

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 617.0503, Florida Statutes.

SIGNATURE

Jon C. Bednerik
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-99

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MANNING, JIM	
STREET ADDRESS	3450 PALENCIA #711	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLUDSWORTH, STEVE	
STREET ADDRESS	4401 EDGEWATER DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PPD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIDSON, O.W. "BUD"	
STREET ADDRESS	403 S. 3RD ST	
CITY-ST-ZIP	LANTANA FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	VANTILBURG, GARY	
STREET ADDRESS	2302 LASSO LANE	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROSWELL, EATON	
STREET ADDRESS	308 S PONCE DE LEON BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Hiedy Hansel	
6.3 STREET ADDRESS	7169 49th Terrace N	
6.4 CITY-ST-ZIP	W Palm Beach, FL 33407	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Gary T. Van Tilburg* PRED GARY T. VAN TILBURG 2/5/99 813 684 5743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)