

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 27, 2001 08:00 AM****Secretary of State****DOCUMENT # 718950**

1. Entity Name

FLORIDA POOL AND SPA ASSOCIATION, INC.

Principal Place of Business

558 S. OSPERY AVE.

SARASOTA

34236

FL

US

Mailing Address

558 S. OSPERY AVE.

SARASOTA

34236

FL

US

2. Principal Place of Business

1718 MAIN STREET

3. Mailing Address

1718 MAIN STREET

Suite, Apt. #, etc.

SUITE 303

Suite, Apt. #, etc.

SUITE 303

City & State

SARASOTA

FL

City & State

SARASOTA

FL

Zip

34236

Country

US

Zip

34236

Country

4. FEI Number

59-1679812

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BEDNERIK JON C

558 S. OSPREY AVE

SARASOTA

34236

FL

US

7. Name and Address of New Registered Agent

Name

BEDNERIK JON C

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

1718 MAIN STREET

City

SARASOTA

FL

Zip Code

34236

8. 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

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

(NOTE: Registered Agent signature required when reinstalling)

03/27/2001

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSWELL EATON	
STREET ADDRESS	308 S PONCE DE LEON BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	PPD	<input type="checkbox"/> Delete
NAME	VANTILBURG GARY	
STREET ADDRESS	2302 LASSO LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARSANYI DOUG	
STREET ADDRESS	9725 DEVONWOOD CT	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OXLEY DAVID	
STREET ADDRESS	12344 75TH ST NORTH	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MANNING JIM	
STREET ADDRESS	3450 PALENCIA #711	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARUSO ANTHONY	
STREET ADDRESS	12484 LAKE UNDERHILL RD	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARSANYI DOUG	
STREET ADDRESS	9725 DEVONWOOD CT	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OXLEY DAVID	
STREET ADDRESS	12344 75TH ST NORTH	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING JIM	
STREET ADDRESS	3450 PALENCIA #711	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jim Manning

PD

03/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Fax/Phone #

CR2E037 (11/00)