

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

03-01-1999 90234 049 ****61.25

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DOCUMENT # 742026

1. Corporation Name

ST. PETERSBURG AQUATICS, INC.

Principal Place of Business

901 N. SHORE DR. NE
PO BOX 510
ST PETERSBURG FL 33731-0510

Mailing Address

901 N. SHORE DR. NE
PO BOX 510
ST PETERSBURG FL 33731-0510



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

03/16/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-9824138

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NARDOZZI, PATRICIA
6346-27TH AVENUE NORTH
ST PETERSBURG FL 33710

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **NARDOZZI, PATRICIA**
STREET ADDRESS **6346-27TH AVE NORTH**
CITY-ST-ZIP **ST PETERSBURG FL**

1.1 TITLE ☐ Change ☒ Addition

TITLE **VP** ☐ DELETE

NAME **SKAGGS, BEV**
STREET ADDRESS **2048 CAROLINA AVE NE**
CITY-ST-ZIP **ST PETERSBURG FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE **T** ☒ DELETE

NAME **BOOTH, JODY**
STREET ADDRESS **1649 N. DAKOTA AVE., NE**
CITY-ST-ZIP **ST PETERSBURG, FL 00000**

3.1 TITLE **TREASURER** ☒ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **EGAN, COLLEEN**
STREET ADDRESS **2250 MERMAID PT NE**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

3.2 NAME **JOHN L. ROUISSE** ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **DIANNE O'BRIEN**
STREET ADDRESS **6100-51ST STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

3.3 STREET ADDRESS **6346-27TH AVE. N. OF** ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **SUZANNE SANCHEZ**
STREET ADDRESS **1808 BAYOU GRANDE BLVD, NE**
CITY-ST-ZIP **ST PETERSBURG FL**

3.4 CITY-ST-ZIP **ST. PETERSBURG, FL** ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **SUZANNE SANCHEZ**
STREET ADDRESS **1808 BAYOU GRANDE BLVD, NE**
CITY-ST-ZIP **ST PETERSBURG FL**

4.1 TITLE ☐ Change ☐ Addition

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:

Patricia Nardozzi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. NARDOZZI **1/18/99 (727) 343-5960**
Date Daytime Phone #

CR2E037 (11/98)