SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 20 AM 10: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770743 (3)

1. Corporation Name

UNITED POOL & SPA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1824 PHOENIX AVENUE P.O. BOX 13223 JACKSONVILLE FL 32206	1824 PHOENIX AVENUE P.O. BOX 13223 JACKSONVILLE FL 32206 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 10/13/1983
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-2452087 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☑ No

9. **Name and Address of Current Registered Agent**

PARRY, BILL
6271-27 ST AUGUSTINE RD
JACKSONVILLE FL 32217

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SIGMON, ALLEN
STREET ADDRESS	6815 TOWER DRIVE
CITY ST ZIP	HUDSON FL
TITLE	D
NAME	FAIRES, CARL
STREET ADDRESS	2230 EUGENIA CT
CITY ST ZIP	OVIEDO FL
TITLE	S
NAME	RUDASILL, CHRIS
STREET ADDRESS	1821 SO. ORANGE BLOSSOM TRAIL
CITY ST ZIP	APOPKA FL
TITLE	D
NAME	COLLINS, GARDNER
STREET ADDRESS	1100 CLEVELAND STR, STE 900
CITY ST ZIP	CLEARWATER FL
TITLE	T
NAME	PARRY, BILL
STREET ADDRESS	6271 27 ST. AUGUSTINE RD.
CITY ST ZIP	JACKSONVILLE FL
TITLE	D
NAME	MARTIN, KEN
STREET ADDRESS	15210 VIVOLA PL
CITY ST ZIP	MONTVERDE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY ST ZIP		☐ Change ☐ Addition
2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY ST ZIP		☐ Change ☐ Addition
3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY ST ZIP		☐ Change ☐ Addition
4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY ST ZIP		☐ Change ☐ Addition
5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY ST ZIP		☐ Change ☐ Addition
6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY ST ZIP		☐ Change ☐ Addition

CR2E037 (3/95)

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: Will Parry — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 7-13-95 Date — 904 733 2185 Daytime Phone #

0001703