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Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770743 (3)

1. Corporation Name

UNITED POOL & SPA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

536 E 4TH STREET
P.O. BOX 13223
JACKSONVILLE FL 32206P.O. BOX 13223
JACKSONVILLE FL 32206-1223
US3. Date Incorporated or Qualified
10/13/19833a. Date of Last Report
09/27/1996

2. Principal Place of Business

2a. Mailing Address

21 9731 Beach Blvd

26 P.O. Box 17575

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 17575

27

City & State

28 Jax FL

Zip

29 32245

Country

25 DuVal

Country

30 DuVal

24 32245

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUTHERLAND, PAUL S
9731 BEACH BLVD
P.O. BOX 17575
JACKSONVILLE FL 32245

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

PAUL SUTHERLAND

1-10-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SIGMON, ALLEN
STREET ADDRESS 6815 TOWER DRIVE
CITY-ST-ZIP HUDSON FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D
NAME FAIRES, CARL
STREET ADDRESS 2230 EUGENIA CT
CITY-ST-ZIP OVIEDO FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE S
NAME RUDASILL, CHRIS
STREET ADDRESS 1821 SO. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP APOPKA FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D
NAME COLLINS, GARDNER
STREET ADDRESS 1100 CLEVELAND STR, STE 900
CITY-ST-ZIP CLEARWATER FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE T
NAME PARRY, BILL
STREET ADDRESS 6271 27 ST. AUGUSTINE RD.
CITY-ST-ZIP JACKSONVILLE FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D
NAME MARTIN, KEN
STREET ADDRESS 15210 VIVOLA PL
CITY-ST-ZIP MONTERVE FL6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 800-488-8888

CR2E037 (9/96)