

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA 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

9731 BEACH BLVD
PO BOX 17575
JACKSONVILLE FL 32245
US

Mailing Address

PO BOX 17575
JACKSONVILLE FL 32245
US

3. Date Incorporated or Qualified

10/13/1983

4. FEI Number

59-2452087

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

P.O. Box 17547

City & State

23

Zip

32245-7547

Country

26

Suite, Apt. #, etc.

P.O. Box 17547

City & State

28

Zip

32245-7547

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

SUTHERLAND, PAUL L.

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

P.O. Box 17547

83

84 City

FL

85 Zip Code

32245-7547

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 **PAUL L. SUTHERLAND**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
STREET ADDRESS **SIGMON, ALLEN**
CITY-ST-ZIP **6815 TOWER DRIVE**
HUDSON FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **FAIRES, CARL**
CITY-ST-ZIP **2230 EUGENIA CT**
OVIDO FL

TITLE ☐ DELETE

NAME **S**
STREET ADDRESS **RUDASILL, CHRIS**
CITY-ST-ZIP **1821 SO. ORANGE BLOSSOM TRAIL**
APOPKA FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **COLLINS, GARDNER**
CITY-ST-ZIP **1100 CLEVELAND STR, STE 900**
CLEARWATER FL

TITLE ☐ DELETE

NAME **T**
STREET ADDRESS **PARRY, BILL**
CITY-ST-ZIP **6271 27 ST. AUGUSTINE RD.**
JACKSONVILLE FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **MARTIN, KEN**
CITY-ST-ZIP **15210 VIVOLA PL**
MONTVERDE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: **SIGNATURE REQUIRED PAUL L. SUTHERLAND 1-16-98**

CR2E037 (10/97)