

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770743

FILED
Mar 15, 2005
Secretary of State

Entity Name: UNITED POOL & SPA ASSOCIATION, INC.

Current Principal Place of Business:

8130 BAYMEADOWS CIR W
STE 212
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

8130 BAYMEADOWS CIR W
STE 212
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-2452087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTHERLAND, PAUL L
8130 BAYMEADOWS CIR W
STE 212
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LANG, STU
Address: 28 SANDPIPER ROAD
City-St-Zip: TAMPA, FL 33609

Title: V () Delete
Name: KELLY, MIKE
Address: 444 CAUSEWAY BLVD
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: D () Delete
Name: SUTHERLAND, PAUL
Address: 8130 BAYMEADOWS CIR W STE 212
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D () Delete
Name: FAIRES, CARL
Address: 2230 EUGENIA CT
City-St-Zip: OVIEDO, FL

Title: S () Delete
Name: POST, ROD
Address: 3090 WINTER LAKE ROAD
City-St-Zip: LAKELAND, FL 33803

Title: T () Delete
Name: FLETCHER, ALEXANDER
Address: 536 EAST STREET
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL L SUTHERLAND

PRES

03/15/2005

Electronic Signature of Signing Officer or Director

Date