

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90408 031 ***150.00

DOCUMENT # F97000003590

1. Entity Name
ANTHONY AND SYLVAN POOLS CORPORATION



Principal Place of Business
**MT VERNON SQUAR STE 300
6690 BETA DRIVE
MAYFIELD VILLAGE, OH 44143**

Mailing Address
**6690 BETA DR
MT VERNON SQ
MAYFIELD VILLAGE, OH 44143**

00014043



04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1522456

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALDIN, THOMAS B
STREET ADDRESS	6690 BETA DRIVE STE 300
CITY-ST-ZIP	CLEVELAND, OH 44143
TITLE	CD
NAME	NEIDUS, STUART D
STREET ADDRESS	6690 BETA DRIVE STE 300
CITY-ST-ZIP	CLEVELAND, OH 44143
TITLE	D
NAME	JORGENSEN, MARY ANN
STREET ADDRESS	6690 BETA DRIVE
CITY-ST-ZIP	CLEVELAND, OH 44143
TITLE	VS
NAME	DEGNAN, MARTIN J
STREET ADDRESS	6690 BETA DRIVE
CITY-ST-ZIP	MAYFIELD VILLAGE, OH 44143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin J. Degnan

4/10/06

Date

440-720-3301

Daytime Phone #