

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006584

FILED
Mar 22, 2006
Secretary of State

Entity Name: SARASOTA INDEPENDENT POOL LEAGUE, INC.

Current Principal Place of Business:

P. O. BOX 22011
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 22011
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GOLEMBESKI, JOSEPH
4220 ALNA WAY
SARASOTA, FL 34232 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: GOLEMBESKI, JOSEPH
Address: 4220 ALNA WAY
City-St-Zip: SARASOTA, FL 34232 US

Title: VP () Delete
Name: MILLER, ERIC D
Address: 4658 MACEACHEN BOULEVARD
City-St-Zip: SARASOTA, FL 34233 US

Title: S () Delete
Name: SHADDIX, JAMES
Address: 300 MYRTLE AVENUE
City-St-Zip: NOKOMIS, FL 34275 US

Title: T () Delete
Name: WILLIAMS, ERIC M
Address: 5350 RUBY LANE
City-St-Zip: SARASOTA, FL 34231 US

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: T (X) Change () Addition
Name: KORDELL, JANET V
Address: 4620 SLOAN AVENUE
City-St-Zip: SARASOTA, FL 34233 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOSEPH GOLEMBESKI

PRES

03/22/2006

Electronic Signature of Signing Officer or Director

_____ Date