

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006584

FILED  
Aug 08, 2007  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GOLEMBESKI, JOSEPH  
4220 ALNA WAY  
SARASOTA, FL 34232 US

**Name and Address of New Registered Agent:**

ESTELLE, ED  
627 SO. OSPREY AVE  
#16  
SARASOTA, FL 34236 US

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: ED ESTELLE

08/08/2007

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: KORDELL, JANET V  
Address: 4620 SLOAN AVENUE  
City-St-Zip: SARASOTA, FL 34233 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ESTELLE, ED  
Address: 627 SO. OSPREY AVE.  
City-St-Zip: SARASOTA, FL 34236 US

Title: ( ) Change ( ) Addition  
Name:  
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 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: ED ESTELLE

P

08/08/2007

Electronic Signature of Signing Officer or Director

Date