[redacted]
08-27-2008 90011 002 ****61.25
N05000006584

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 16 PM 2:57

40114514

DOCUMENT # N05000006584

1. Entity Name
SARASOTA INDEPENDENT POOL LEAGUE, INC.

Principal Place of Business	Mailing Address
P. O. BOX 22011 SARASOTA, FL 34231 US	P. O. BOX 22011 SARASOTA, FL 34231 US

08202008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
627 South Osprey Ave	
Suite, Apt. #, etc. #16	Suite, Apt. #, etc.
City & State Sarasota, Fl.	City & State
Zip 34236 Country	Zip Country

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ESTELLE, ED 627 SO. OSPREY AVE #16 SARASOTA, FL 34236	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ED ESTELLE Ed Estelle Aug 24, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ESTELLE, ED 627 SO. OSPREY AVE. SARASOTA, FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ESTELLE, ED 627 SO. OSPREY AVE #16 SARASOTA FLA 34236 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MILLER, ERIC D 4658 MACEACHEN BOULEVARD SARASOTA, FL 34233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOLEMBESKI, JOE PO BOX 23523 SARASOTA, FLA 34277 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHADDIX, JAMES 300 MYRTLE AVENUE NOKOMIS, FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S [redacted]VERVILLE 3616 ASHBURY PL SARASOTA, FLA 34232 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KORDELL, JANET V 4620 SLOAN AVENUE SARASOTA, FL 34233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MILLER, ERIC D 4658 MACEACHEN BLVD SARASOTA, FLA 34233 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STERRING COMMITTEE CHAIR KORDELL, JANET 4620 SLOAN AVE, SARASOTA, FLA 34233 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 9/16/08	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Per conversation with Mr. Estelle ☐ Change ☐ Addition

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 617, 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: Ed Estelle ED ESTELLE AUG 24, 2008 941-376-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #