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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23674** (7)

1. Corporation Name

THE NORTHEAST FLORIDA CHAPTER OF NATIONAL SPA & POOL INSTITUTE, INC.

Principal Place of Business

Mailing Address

**ROBBINS, KELLEY
P.O. BOX 454
PONTE VEDRA BEACH FL 32004
US**

**ROBBINS, KELLEY
P.O. BOX 454
PONTE VEDRA BEACH FL 32004-0454
US**

3. Date Incorporated or Qualified **12/01/1987** 3a. Date of Last Report **04/29/1996**

2. Principal Place of Business 21 **1207 Lake Point Place** 2a. Mailing Address 26 **1207 Lake Point Place**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **ORANGE** 27 **ORANGE**

City & State City & State

23 **Orange Park, FL** 28 **Orange Park, FL**

Zip Country Zip Country

24 **32073** 25 **USA** 29 **32073** 30 **USA**

9. Name and Address of Current Registered Agent

4. FEI Number **59-2856307** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**ROBBINS, KELLEY
P.O. BOX 454
PONTE VEDRA BEACH FL 32004**

81 Name **Kevin Monahan**
82 Street Address (P.O. Box Number is Not Acceptable) **1207 Lake Point Place**
83
84 City **Orange Park** FL 85 Zip Code **32073**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Kevin Monahan, Director** DATE **4/28/97**

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETED	1.1 TITLE	P	Change	Addition
NAME	OMRAN, TONY		1.2 NAME	Ron Corey		
STREET ADDRESS	6454 BEACH BOULEVARD		1.3 STREET ADDRESS	6454 Beach Blvd		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32216		
TITLE	P	DELETED	2.1 TITLE	D	Change	Addition
NAME	EATON, PAT		2.2 NAME	> same		
STREET ADDRESS	358 S. PONCE DE LEON BLVD.		2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL		2.4 CITY-ST-ZIP			
TITLE	D	DELETED	3.1 TITLE		Change	Addition
NAME	GUNTI, BETH		3.2 NAME			
STREET ADDRESS	1930 S. BEAVER ST		3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP			
TITLE	VP	DELETED	4.1 TITLE	P	Change	Addition
NAME	WILLIAMSEN, RUSS		4.2 NAME	> same		
STREET ADDRESS	4533 SUNBEAM RD #302		4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP			
TITLE	T	DELETED	5.1 TITLE	D	Change	Addition
NAME	BEEDE, ROWLAND		5.2 NAME	> same		
STREET ADDRESS	2042 CARNES ST.		5.3 STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL		5.4 CITY-ST-ZIP			
TITLE	S	DELETED	6.1 TITLE	VP	Change	Addition
NAME	MOHR, ELAINE		6.2 NAME	> same		
STREET ADDRESS	11730 PHILLIPS HWY.		6.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Randy H. Blouin** DATE: **APRIL 28, 1997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000000

CR2E037 (9/96)