

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23674

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA SWIMMING POOL ASSOCIATION - NORTHEAST FLORIDA CHAPTER INC.

**Current Principal Place of Business:**

313 BEACH BLVD  
JACKSONVILLE BEACH, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 11543  
JACKSONVILLE, FL 32239 US

**New Mailing Address:**

**FEI Number:** 59-2856307      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JOHN, SCOTT  
313 BEACH BLVD  
JACKSONVILLE BEACH, FL 32250 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  
Name: BATTS, JIM  
Address: 1602 3RD ST N  
City-St-Zip: JACKSONVILLE, FL 32250

Title: VP  
Name: SCOTT, JOHN  
Address: 313 BEACH BLVD  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T  
Name: PRUETTE, DAVID  
Address: 331-8 PARKRIDGE AVE.  
City-St-Zip: ORANGE PARK, FL 32065

Title: D  
Name: SCHMITZ, RICK  
Address: 2860 MANDARIN MEADOWS DR N  
City-St-Zip: JACKSONVILLE, FL 32223

I hereby 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 all other like empowered.

SIGNATURE: DAVID T PRUETTE

TREA

03/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date