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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24328 (9)

1. Corporation Name

CHARLOTTE HARBOR CHAPTER OF NSPI, INC.



Principal Place of Business

245 WILMERS RD.
PUNTA GORDA FL 33982
US

Mailing Address

P.O. BOX 508
PUNTA GORDA FL 33951-0508
US

3. Date Incorporated or Qualified
01/13/1988

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 P. O. Box 510508

Suite, Apt. #, etc.

27 City & State

28 Punta Gorda, FL

29 Zip

30 Country

33951-0508 USA

4. FEI Number
65-0127624

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

9. Name and Address of Current Registered Agent

SMITH, DAVID L.
245 WILMERS RD.
PUNTA GORDA FL 33982

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PERKINS, CLESSON	
STREET ADDRESS	1496 STAMFORD ST.	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BARONE, BARBARA A	
STREET ADDRESS	1492 MARKET CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALLBRIGHT, AGGIE	
STREET ADDRESS	21524 DOBBINS ST.	
CITY-ST-ZIP	PT. CHARLOTTE FL 33954	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DONOVAN, JAMIE	
STREET ADDRESS	4380 TAMiami TRAIL	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCTIQUE, COLIN	
STREET ADDRESS	1264 MARKET CIRCLE	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PERKINS, CLESSON	
1.3 STREET ADDRESS	18380 PAULSON DRIVE	
1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARONE, BARBARA A.	
2.3 STREET ADDRESS	P. O. BOX 380575 (NA)	
2.4 CITY-ST-ZIP	MURDOCK, FL 33938-0575	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WALTERS, WALTER	
4.3 STREET ADDRESS	1580 MARKET CIRCLE, UNIT 1	
4.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33953	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MCTIQUE, COLIN	
5.3 STREET ADDRESS	1264 MARKET CIRCLE	
5.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33953	
6.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VOLNEY, BONNIE	
6.3 STREET ADDRESS	1212 ENTERPRISE DRIVE, UNIT 5A	
6.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33953	

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: *Barbara A Barone* BARBARA A. BARONE

2/12/97 941/637-8302

CR2E037 (9/96)



**CHARLOTTE HARBOR CHAPTER
NATIONAL SPA & POOL INSTITUTE**

Post Office Box 510508, Punta Gorda, FL 33951-0508

Executive Director: David L. Smith, P.E. Telephone: Voice or Fax 941/637-8302

March 4, 1997

President
Barb Barone
Barb's Pool
Service
629-7005

FL Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

1st V-Pres.
Bonnie Volney
Casa Pools
625-5056

Annual Reports Section
Ref. Number N24328

2nd V-Pres.
Cles Perkins
Nautilus Pools
624-5744

Returned herewith is our Annual Report and filing fee of \$61.25 which you returned to me with your cryptic letter of Feb. 21, 1997.

Treasurer
Aggie Allbright
Allbright
Plastering, Inc.
255-5586

After intensive scrutiny of the document the only conclusion derived was that some studiously stupid staffer was unable to note that the only director listing a P. O. Box address in block 13 also had a physical address listed for her in block 12; or alternatively, some picayunishly petty bureaucrat insists upon having a (N/A) written in after the P. O. address for Director Barone.

Secretary
Walt Walters
Advanced
Aluminum
255-1515

I have written in the notation (N/A) after PD Barone's P.O. address. If there is some other problem with the report I request that you return it to me with more specific direction as to whatever change you may want and I shall ask my legislative representatives for assistance in complying with them.

Director-at-Large
Colin McTigue
Fulton Pools
625-7929

Your suggestion that I call the Division of Corporations number listed in your letter is a farce. I was not able to get past your busy signal until the second day of calling and when I did I was put on hold. After several minutes (timed) I heard a recorded message say that you receive over one thousand calls per hour. To me, this is prima facie evidence that your whole operation is grossly incompetent for generating such a fantastic number of questions.

NSPI Region
558 S. Osprey
Sarasota, FL
34236-7525
Ex. Director
Jon Bednerik
941/952-9293
fax 366-7433

Yours truly,

David L. Smith, Executive Director

**National Spa
& Pool
Institute**
2111 Eisenhower
Alexandria, VA
22314-4698
703/838-0083

P.S. I did not detach the stub from the report form; it is returned with the stub and my check stapled to it as it was received by me.