2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24328

FILED May 01, 2009 Secretary of State

Entity Name: FLORIDA SWIMMING POOL ASSOCIATION - CHARLOTTE HARBOR CHAPTER INC.

Current Principal Place of Business:			New Principal Place of Business:	
2811 TAMI	AMI TR			
PORTICH/	ARLOTTE, FL 33952	US		
Current Mailing Address:			New Mailing Address:	
2811 TAMI	AMI TR			
⊃ PORTICH/	ARLOTTE, FL 33952	US		
	,		ımber Not Appl	licable () Certificate of Status Desired ()
n accordan	ce with s. 607.193(2)(b), I	F.S., the corporation did not receive	the prior notic	e.
Name and	Address of Current	Registered Agent:	Name and	Address of New Registered Agent:
258 BANĠ	MITCHELL T SBERG RD SE LOTTE, FL 33952	US		
	named entity submits e of Florida.	this statement for the purpose	of changing i	ts registered office or registered agent, or both,
SIGNATUR	RE:			
	Electronic Sign	ature of Registered Agent		Date
OFFICERS	S AND DIRECTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	T () Delete TERHUNE, FRED PO BOX 494271 PORT CHARLOTTE, FL	33949	Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: Name: Address: City-St-Zip:	DPP () Delete COCCARO, PETER 18380 PAULSON DR PORT CHARLOTTE, FL	33954	Title: Name: Address: City-St-Zip:	D (X) Change () Addition COCCARO, PETER 18380 PAULSON DR PORT CHARLOTTE, FL 33954
Title: Name: Address: City-St-Zip:	DP () Delete BAUBLITZ, SAM 4507 9TH ST W SUITE BRADENTON, FL 3420		Title: Name: Address: City-St-Zip:	DPP (X) Change () Addition BAUBLITZ, SAM 4507 9TH ST W SUITE #I-8 BRADENTON, FL 34207
Fitle: Name: Address: City-St-Zip:	D () Delete MCTIGUE, COLIN 19800 VETERANS HWY PT CHARLOTTE, FL 33		Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: Name: Address: City-St-Zip:	DVP () Delete PETERSON, KRIS 2310 TAMIAMI TRAIL # PUNTA GORDA, FL 339		Title: Name: Address: City-St-Zip:	DP (X) Change () Addition PETERSON, KRIS 2310 TAMIAMI TRAIL # 1157 PUNTA GORDA, FL 33950
Γitle:	S () Delete TERHUNE, FRED		Title: Name: Address:	() Change () Addition

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: KRIS PETERSON DP 05/01/2009