

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24328

FILED  
May 01, 2010  
Secretary of State

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

**Current Principal Place of Business:**

2811 TAMIAMI TR  
P  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

**Current Mailing Address:**

2811 TAMIAMI TR  
P  
PORT CHARLOTTE, FL 33952 US

**New Mailing Address:**

**FEI Number:** 65-0127624      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BROOKS, MITCHELL T  
258 BANGSBERG RD SE  
PT CHARLOTTE, FL 33952 US

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

BROOKS, MITCHELL T  
2811 TAMIAMI TRAIL  
SUITE P  
PT CHARLOTTE, FL 33952 US

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

05/01/2010

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: SHOCK, LYNDESEY  
Address: 5069 SAVERESE  
City-St-Zip: TAMPA, FL 33634

Title: DVP  
Name: TERHUNE, FRED  
Address: PO BOX 494272  
City-St-Zip: PORT CHARLOTTE, FL 33949

Title: D  
Name: COCCARO, PETE  
Address: 18380 PAULSON DRIVE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D  
Name: MCTIGUE, COLIN  
Address: 19800 VETERANS HWY  
City-St-Zip: PT CHARLOTTE, FL 33954

Title: DP  
Name: PETERSON, KRIS  
Address: 2310 TAMIAMI TRAIL # 1157  
City-St-Zip: PUNTA GORDA, FL 33950

Title: S  
Name: SHOCK, LYNDESEY  
Address: 5069 SAVARESE CIRCLE  
City-St-Zip: TAMPA, FL 33634

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: MITCHELL T. BROOKS

RA

05/01/2010

Electronic Signature of Signing Officer or Director

Date