## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24329

FILED Apr 08, 2009 Secretary of State

Entity Name: FLORIDA SWIMMING POOL ASSOCIATION - PALM BEACH JIM SHIREY CHAPTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3031 SW 108 WAY DAVIE, FL 33328 **Current Mailing Address: New Mailing Address:** 3031 SW 108 WAY DAVIE, FL 33328 FEI Number: 65-0124237 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROHNER, DORIS 3031 SW 108 WAY DAVIE, FL 33328 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 Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition HACKL, STEPHEN D HACKL, STEPHEN D Name: Name: 1331 CENTRAL TERRACE Address: 1331 CENTRAL TERRACE Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: LAKE WORTH, FL 33460 Title: Title: () Delete (X) Change ( ) Addition ALLERT, KIM Name: ALLERT, KIM Name: Address: 2150 AMESBURY CIRCLE Address: 2150 AMESBURY CIRCLE City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414 Title: () Delete Title: () Change () Addition WAGNER, ELIZABETH Name: Name: 2731 VISTA PARKWAY SUITE D1 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: Title: VΡ ( ) Delete Title: (X) Change ( ) Addition Name: STEVENS, JAMES Name: STEVENS, JAMES Address: 6884 152ND DR. N Address: 6884 152ND DR. N PALM BEACH GARDENS, FL 33418 City-St-Zip: City-St-Zip: PALM BEACH GARDENS, FL 33418 Title: ( ) Delete Title: () Change () Addition SHIREY, MIKE Name: Name: 408 COMMERCE WAY Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: ( ) Delete Title: () Change () Addition WELSH, DAN Name: Name: Address: 1600 OLD OKEECHOBEE RD Address: WEST PALM BEACH, FL 33409 City-St-Zip: City-St-Zip:

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: DORIS ROHNER ED 04/08/2009