

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90221 021 ****61.25

DOCUMENT # N25129

1. Entity Name

**FLORIDA SWIMMING POOL ASSOCIATION - EAST
CENTRAL FLORIDA CHAPTER, INC.**



Principal Place of Business

**5 SOUTHERN PINE TRAIL
ORMOND BEACH FL 32174
US**

Mailing Address

**P O BOX 730685
ORMOND BCH FL 32173
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2922143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HECKLINGER, LYNN G
5 SOUTHERN PINE TRAIL
ORMOND BEACH FL 32174**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P MOORE, BILLY**
STREET ADDRESS **440 THIRD STREET**
CITY-ST-ZIP **HOLLY HILL FL 32117**

TITLE ☐ Delete
NAME **D BACHI, TERRY**
STREET ADDRESS **PO BOX 291910**
CITY-ST-ZIP **PORT ORANGE FL 32129**

TITLE ☐ Delete
NAME **S BRYANT, LORI**
STREET ADDRESS **1026 N US # 1**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Delete
NAME **T GALLAGHER, BILL**
STREET ADDRESS **836 N CARSWELL AVENUE**
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

TITLE ☐ Delete
NAME **D BUCKELS, TED**
STREET ADDRESS **493 S HALIFAX DRIVE**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE ☐ Delete
NAME **VP D DESHAZO, JIM**
STREET ADDRESS **1160 E INDUSTRIAL DRIVE**
CITY-ST-ZIP **ORANGE CITY FL 32763**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1523 Ridgewood Drive**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Terry Bachi Pres.

386-756-4113