2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 27, 2007 8:00 am DOCUMENT # N25129 **Secretary of State** 1. Entity Name 03-27-2007 90015 001 ****61.25 FLORIDA SWIMMING POOL ASSOCIATION - EAST CENTRAL FLORIDA CHAPTER, INC. Principal Place of Business Mailing Address 5 SOUTHERN PINE TRAIL ORMOND BEACH FL 32174 P O BOX 730685 ORMOND BCH FL 32173 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-2922143 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo HECKLINGER, LYNN G Street Address (P.O. Box Number is Not Acceptable) 5 SOUTHERN PINE TRAIL ORMOND BEACH FL 32174 City 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ٧P 1000 Delete THE 1985 LUCAS Road NAME MOORE, BILLY NAMI STREET ADDRESS STREET ADDRESS 440 THIRD STREET CITY-ST-7IP CHY ST ZIP HOLLY HILL FL 32117 Ormond Beach FL mu ☐ Delete HHE Change ☐ Addition NAME BACHI, TERRY NAMI STREET ADDRESS STREET ADDRESS PO BOX 291910 CHY-SI-7P PORT ORANGE FL 32129 CITY ST 7IP TITLE Delete HILL S Change Ch Addition NAME NAMI BRYANT, LORI 1032 N. US# 1 STREET ADDRESS airit i auuritaa 1026 NUIS # 1-CHY-SI-7(P CHY ST 7P ORMOND BEACH FL 32174 Delete HIM í Change **Addition** DONALD BRYANT NAME NAMI GALLAGHER, BILL 1038 N. US性 1 STREET ADDRESS STREET ADDRESS 1523 RIDGE WOOD DR CHY-SI-7IP CHY ST ZIP DAYTONA BEACH FL 32117 Ormand Beach HILE ☐ Delete TITLE ☐ Addition NAME BUCKELS, TED NAME STREET ADDRESS STREET ADDRESS 493 S HALIFAX DRIVE CITY-ST-7IP CHY ST ZIP ORMOND BEACH FL 32176 TITLE VP D Delete TITLE ₽ Change Addition NAME DESHAZO, JIM NAMI STREET ADDRESS STREET ADDRESS 1160 E INDUSTRIAL DRIVE

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 offect 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.

CITY-ST-ZIP

SIGNATURE

ORANGE CITY FL 32763

CHY-SI-7IP

Jin W. JeShazo

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