

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N25129

Entity Name: FLORIDA SWIMMING POOL ASSOCIATION - EAST CENTRAL FLORIDA CHAPTER, INC.

Current Principal Place of Business:

5 SOUTHERN PINE TRAIL
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 730685
ORMOND BCH, FL 32173 US

New Mailing Address:

FEI Number: 59-2922143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: LENOIS, ROY
Address: 762 S NOVA RD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: BACHI, TERRY
Address: PO BOX 291910
City-St-Zip: PORT ORANGE, FL 32129

Title: S () Delete
Name: BRYANT, LORI
Address: 1032 N. US 1
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP () Delete
Name: BRYANT, DONALD
Address: 1032 N US 1
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: BUCKELS, TED
Address: 493 S HALIFAX DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: T () Delete
Name: EARNEST, KEVIN
Address: 2900 S RIDGEWOOD AVE
City-St-Zip: DAYTONA BEACH, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRYANT, DONALD
Address: 1032 N. US HIGHWAY #1
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Change () Addition
Name: BACHI, TERRY
Address: 4643 S. CLYDE MORRIS BLVD. #301
City-St-Zip: PORT ORANGE, FL 32129

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MOORE, WILLIAM
Address: 440 THIRD STREET
City-St-Zip: HOLLY HILL, FL 32117

Title: T (X) Change () Addition
Name: BUCKELS, TED
Address: 493 S HALIFAX DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: D (X) Change () Addition
Name: GALLAGHER, WILLIAM
Address: 1523 RIDGEWOOD AVE
City-St-Zip: HOLLY HILL, FL 32117

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: LYNN G. HECKLINGER

Electronic Signature of Signing Officer or Director

EXEC

01/06/2009

Date