## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N25129

FILED Jan 08, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

5 SOUTHERN PINE TRAIL ORMOND BEACH, FL 32174 US

Current Mailing Address: New Mailing Address:

P O BOX 730685

ORMOND BCH, FL 32173 US

FEI Number: 59-2922143 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:

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

Title:

Name: BRYANT, DONALD
Address: 1032 N. US HIGHWAY #1
City-St-Zip: ORMOND BEACH, FL 32174

Title: 5

Name: BACHI, TERRY

Address: 4643 S. CLYDE MORRIS BLVD. #301

City-St-Zip: PORT ORANGE, FL 32129

Title: VP

Name: BRYANT, LORI Address: 1032 N. US 1

City-St-Zip: ORMOND BEACH, FL 32174

Title: 1

Name: MOORE, WILLIAM
Address: 440 THIRD STREET
City-St-Zip: HOLLY HILL, FL 32117

Title:

Name: LUCAS, JEFF

Address: 198 SOUTH NOVA ROAD City-St-Zip: ORMOND BEACH, FL 32174

Title: D

Name: PHILLIPS, WAYNE

Address: 287 SOUTH YONGE STREET City-St-Zip: ORMOND BEACH, FL 32174

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: LYNN G. HECKLINGER ED 01/08/2010