

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 25, 2006
Secretary of State**

DOCUMENT# N27567

Entity Name: FLORIDA SWIMMING POOL ASSOCIATION - TREASURE COAST CHAPTER, INC.

Current Principal Place of Business:

265 S.W. PORT ST. LUCIE BLVD
BOX 376
PORT ST LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

265 S.W. PORT ST. LUCIE BLVD
BOX 376
PORT ST LUCIE, FL 34984

New Mailing Address:

FEI Number: 56-0138845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBBER, ROBIN R
1718 MAIN STREET
SUITE 303
SARASOTA, FL 34236 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: T/D () Delete
Name: SLACK, MAUREUD
Address: 3237 SW MAPP RD
City-St-Zip: PALM CITY, FL 34990

Title: PD (X) Delete
Name: BRUHN, SCOTT
Address: 4306 S US 1
City-St-Zip: FORT PIERCE, FL 34982

Title: VD () Delete
Name: MCKILLOP, GENE
Address: 8281 BUSINESS PARK DRIVE
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SLACK, MAUREUD
Address: 3237 SW MAPP RD
City-St-Zip: PALM CITY, FL 34990

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

Title: VP (X) Change () Addition
Name: MCKILLOP, GENE
Address: 8281 BUSINESS PARK DRIVE
City-St-Zip: PORT ST LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the 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: MAUREAD SLACK

PD

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date