

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27567

FILED  
Apr 14, 2008  
Secretary of State

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:

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

## Current Mailing Address:

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

## New Mailing Address:

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

FEI Number: 65-0138845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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:

GILBERT, SUSAN L ED  
265 SW PORT SAINT LUCIE BLVD  
#376  
PORT SAINT LUCIE, FL 34984 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: SUSAN L GILBERT

04/14/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

Title: V ( ) Delete  
Name: PROFFITT, DEREK  
Address: 1919 S.W. 5 MACEDO BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D ( ) Delete  
Name: GILBERT, SUSAN  
Address: 265 SW PORT ST. LUCIE BOX 376  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition  
Name: WALKER, JACQUE  
Address: 160 SMALLWOOD AVE  
City-St-Zip: FORT PIERCE, FL 34982 US

Title: T ( ) Change (X) Addition  
Name: WIDNER, MIKE  
Address: 2416 S.E. ELSTON STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

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: MAUREAD SLACK

PD

04/14/2008

Electronic Signature of Signing Officer or Director

Date