

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007
Secretary of State

DOCUMENT# N27568

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

Current Principal Place of Business:

2044 ARIANA BLVD
AUBURNDALE, FL 33823 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 762
AUBURNDALE, FL 35823 US

New Mailing Address:

FEI Number: 59-2855607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANION, MARY E
2044 ARIANA BLVD
AUBURNDALE, FL 33823 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: COOPER, ALAN
Address: 7347 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32807

Title: VP () Delete
Name: SMITH, RICHARD
Address: 480 LAKE BENNETT CR
City-St-Zip: LONGWOOD, FL 32750

Title: T () Delete
Name: CARUSO, ANTHONY
Address: 12484 LAKE UNDERHILL ROAD
City-St-Zip: ORLANDO, DL 32828

Title: D () Delete
Name: FELDMAN, LYNDA
Address: 1123 SEMINOLA BLVD
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: BLUDSWORTH, STEVEN
Address: 4401 EDGEWATER BLVD
City-St-Zip: ORLANDO, FL 33804

Title: D () Delete
Name: BROWN, KENNETH
Address: 1339 ARLINGTON STREET
City-St-Zip: ORLANDO, FL 32854

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALSTOTT, ADAM
Address: 2250 LEE ROAD
City-St-Zip: WINTER PARK, FL 32789

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

Title: T (X) Change () Addition
Name: AUSTIN, BARBARA
Address: 1150 EMMA OAKS TRAIL, SUITE 130
City-St-Zip: LAKE MARY, FL 32726

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

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

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: ADAM ALSTOTT

Electronic Signature of Signing Officer or Director

P

02/26/2007

Date