

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 03, 2008  
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: ALSTOTT, ADAM  
Address: 2250 LEE ROAD  
City-St-Zip: WINTER PARK, FL 32789

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

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

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

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

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

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

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 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

04/03/2008

\_\_\_\_\_  
Date