## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N29826

FILED May 01, 2007 Secretary of State

Entity Name: MANASOTA CHAPTER, NATIONAL SPA & POOL INSTITUTE INC.

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
SUITE P	IAMI TRAIL			
	ARLOTTE, FL 33952			
Current Mailing Address:		New Mail	New Mailing Address:	
SUITE P	IAMI TRAIL ARLOTTE, FL 33952			
In accordan	: 65-0089937         FEI Number Applied For ( )         F ce with s. 607.193(2)(b), F.S., the corporation did not red Address of Current Registered Agent:	•		
258 BANĞ	MITCHELL T SBERG ROAD ARLOTTE, FL 339529707 US			
	named entity submits this statement for the purpe of Florida.	oose of changing	its registered office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( ) Delete JOHNSON, DAN 6767 MAUNA LOA BLVD. SARASOTA, FL 34241	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	S ( ) Delete	Title:	S (X) Change ( ) Addition	
Name: Address: City-St-Zip:	MALLISON, ANDY 2811-P TAMIAMI TRAIL PORT CHARLOTTE, FL 33952	Name: Address: City-St-Zip:	KOZAK, TONY 1843 BARBER ROAD SARASOTA, FL 34240	
Address:	2811-P TAMIAMI TRAIL	Address:	KOZAK, TONY 1843 BARBER ROAD	
Address: City-St-Zip: Title: Name: Address:	2811-P TAMIAMI TRAIL PORT CHARLOTTE, FL 33952  T () Delete KOZAK, TONY 1843 BARBER ROAD	Address: City-St-Zip: Title: Name: Address:	KOZAK, TONY 1843 BARBER ROAD SARASOTA, FL 34240	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	2811-P TAMIAMI TRAIL PORT CHARLOTTE, FL 33952  T ( ) Delete KOZAK, TONY 1843 BARBER ROAD SARASOTA, FL 34240  DVP ( ) Delete SIMMS, MARC 2910 63RD AVENUE E	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	KOZAK, TONY 1843 BARBER ROAD SARASOTA, FL 34240  ( ) Change ( ) Addition  DVP (X) Change ( ) Addition SEGLEM, JOHN PO BOX 20028	

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: MITCHELL T. BROOKS RA 05/01/2007