

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29826

FILED
May 06, 2008
Secretary of State

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

Current Principal Place of Business:

2811 TAMIAMI TRAIL
SUITE P
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

2811 TAMIAMI TRAIL
SUITE P
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 65-0089937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROOKS, MITCHELL T
258 BANGSBERG ROAD
PORT CHARLOTTE, FL 339529707 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: D () Delete
Name: JOHNSON, DAN
Address: 6767 MAUNA LOA BLVD.
City-St-Zip: SARASOTA, FL 34241

Title: S () Delete
Name: KOZAK, TONY
Address: 1843 BARBER ROAD
City-St-Zip: SARASOTA, FL 34240

Title: T () Delete
Name: KOZAK, TONY
Address: 1843 BARBER ROAD
City-St-Zip: SARASOTA, FL 34240

Title: DVP () Delete
Name: SEGLEM, JOHN
Address: PO BOX 20028
City-St-Zip: BRADENTON, FL 34208

Title: DP () Delete
Name: HUBBARD, TODD
Address: 6009 BUSINESS BLVD
City-St-Zip: SARASOTA, FL 34240

Title: DPP () Delete
Name: SANGER, ROBERT
Address: 2041 WHITFIELD PARK AVENUE
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SEGLEM, JOHN
Address: PO BOX 20028
City-St-Zip: BRADENTON, FL 34204

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

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

Title: DVP (X) Change () Addition
Name: FAY, ED
Address: 4509 9TH STREET WEST, SUITE I-8
City-St-Zip: BRADENTON, FL 34207

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: MITCHELL T BROOKS

RA

05/06/2008

Electronic Signature of Signing Officer or Director

_____ Date