

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29827 (5)**
1. Corporation Name

TAMPA BAY CHAPTER-NATIONAL SPA & POOL INSTITUTE INC.



Principal Place of Business: PO BOX 15062 TAMPA FL 33684-5026
Mailing Address: PO BOX 15062 TAMPA FL 33684-5026

3. Date Incorporated or Qualified: **12/21/1988**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21 Suite, Apt. #, etc.
2a. Mailing Address: 26 Suite, Apt. #, etc.

4. FEI Number: **59-6933797**
Applied For: Not Applicable

22. City & State: 27
23. Zip: 24 Country: 25

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

28. City & State: 29 Zip: 30 Country: 25

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: 25 Country: 29 Zip: 30 Country: 25

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**COX, ELEANOR
558 SOSPREY AVENUE
SARASOTA FL 34236**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): ~~558 S. SOSPREY AVENUE~~
83 **2347 FERN PLACE**
84 City: **TAMPA** FL 85 Zip Code: **33604**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Eleanor Cox Eleanor Cox DATE: 4/25/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	VAN TILBURG, GARY	
STREET ADDRESS	1378 CORNER OAKS DR.	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANNING, JAMES	
STREET ADDRESS	3450 PALENCIA, 711	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CARROLL, LES	
STREET ADDRESS	121-B KELSEY LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZVIRBLIS, ANN	
STREET ADDRESS	305 DUQUE ROAD	
CITY-ST-ZIP	LUTZ FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SANDRA CAHN	
3.3 STREET ADDRESS	14604 ANCHORET RD.	
3.4 CITY-ST-ZIP	TAMPA, FL 33618	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KEVIN SLANE	
5.3 STREET ADDRESS	HUGHES SUPPLY	
5.4 CITY-ST-ZIP	8702 E. BROADWAY TAMPA, FL 33619	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Gary T. Van Tilburg Pres. DATE: 3/20/96 800-535-7946
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (12/95)