

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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.



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|--|--|
| Principal Place of Business PO BOX 15062 TAMPA FL 33694-5026 | Mailing Address PO BOX 15062 TAMPA FL 33694-5026 |
|--|--|

| | |
|---|--|
| 3. Date Incorporated or Qualified 12/21/1988 | |
| 4. FEI Number 59-6933797 | Applied For <input type="checkbox"/> Not Applicable |
| 6. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 30 |

9. Name and Address of Current Registered Agent

**COX, ELEANOR
2347 FERN PLACE
TAMPA FL 33604**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City FL 85 Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|--|
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VAN TILBURG, GARY | 1.2 NAME | |
| STREET ADDRESS | 1378 CORNER OAKS DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BRANDON FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANNING, JAMES | 2.2 NAME | |
| STREET ADDRESS | 3450 PALENCIA, 711 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 2.4 CITY-ST-ZIP | |
| TITLE | PD | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANDRA CAHN | 3.2 NAME | |
| STREET ADDRESS | 14604 ANCHORET RD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZVIRBLIS, ANN | 4.2 NAME | |
| STREET ADDRESS | 305 DUQUE ROAD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LUTZ FL | 4.4 CITY-ST-ZIP | |
| TITLE | VPD | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZEIGLER, JOYCE | 5.2 NAME | |
| STREET ADDRESS | 411 ALMA DR. | 5.3 STREET ADDRESS | 7252 Alafia Ridge Loop |
| CITY-ST-ZIP | BRANDON FL | 5.4 CITY-ST-ZIP | Riverview, FL 33569 |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Joyce Zeigler* **2/2/98 (813) 671-5238**

CR2E037 (1097)