


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90231 024 ****61.25

DOCUMENT # N29827
 1. Entity Name
FLORIDA SWIMMING POOL ASSOCIATION - TAMPA BAY CHAPTER, INC.




Principal Place of Business
 PO BOX 15062
 TAMPA, FL 33684-5026

Mailing Address
 PO BOX 15062
 TAMPA, FL 33684-5026

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



04052005 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-6933797

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

COX, ELEANOR
 2347 FERN PLACE
 TAMPA, FL 33604

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CONVERSE, TIM	
STREET ADDRESS	4605 DEERWALK AVE	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANGFORD, BARBARA	
STREET ADDRESS	1210 COMMUNITY PL	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZVIRBLIS, ANN	
STREET ADDRESS	305 DUQUE ROAD	
CITY-ST-ZIP	LUTZ, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZEIGLER, JOYCE	
STREET ADDRESS	7252 ALAFIA RIDGE LOOP	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARQUIS, ANNIE	
STREET ADDRESS	2347 BENNETT ROAD	
CITY-ST-ZIP	PLANT CITY, FL 33565	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tim Converse 4/15/05 813-245-0889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #