


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 08:00 AM
Secretary of State

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	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

1st MOORE CR2E037 (10/05)

4. FEI Number 59-6933797	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 Eleanor Cox 3/27/06
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10000485039
04/12/06 00066 025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 an attachment with an address with all other like empowered.

[Handwritten signatures]