

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29827

FILED
Apr 30, 2008
Secretary of State

Entity Name: FLORIDA SWIMMING POOL ASSOCIATION - TAMPA BAY CHAPTER, INC.

Current Principal Place of Business:

PO BOX 15062
TAMPA, FL 336845026

New Principal Place of Business:

11604 CYPRESS PARK STREET
TAMPA, FL 33624

Current Mailing Address:

PO BOX 15062
TAMPA, FL 336845026

New Mailing Address:

P.O. BOX 270585
TAMPA, FL 336880585

FEI Number: 59-6933797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, ELEANOR
2347 FERN PLACE
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

MCDEVITT, DANIEL F ACCTMGR
2555 PORTER LAKE DRIVE
SUITE 106
SARASOTA, FL 34240 US

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: DANIEL F MCDEVITT

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONVERSE, TIM
Address: 4605 DEERWALK AVE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: ZEIGLER, JOYCE
Address: 7252 ALAFIA RIDGE LOOP
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: MARQUIS, ANNIE
Address: 2347 BENNETT ROAD
City-St-Zip: PLANT CITY, FL 33565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: GRAY, JOEL
Address: 8718 PALISADES DR
City-St-Zip: TAMPA, FL 33615

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: TIM CONVERSE

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date