

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30686

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA SWIMMING POOL ASSOCIATION - FLORIDA GULF COAST CHAPTER INC.

**Current Principal Place of Business:**

4344 LAURA STREET  
PT CHARLOTTE, FL 33980 US

**New Principal Place of Business:**

**Current Mailing Address:**

4344 LAURA STREET  
PT CHARLOTTE, FL 33980 US

**New Mailing Address:**

**FEI Number:** 65-0124061      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROOKS, MITCHELL T  
258 BANGSBERG RD SE  
PORT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MARTIN, GARY  
Address: 2647 PROFESSIONAL CIRCLE, SUITE 1213  
City-St-Zip: NAPLES, FL 34119

Title: DP  
Name: SCOTT, JERRY  
Address: PO BOX 1804  
City-St-Zip: SANIBEL ISLAND, FL 33957

Title: D  
Name: WILKINS, JASON  
Address: 2647 PROFESSIONAL CIRCLE, SUITE 1213  
City-St-Zip: NAPLES, FL 34119

Title: S  
Name: CRAMER, RANDY  
Address: 5711 HALIFAX AVENUE # 2  
City-St-Zip: FORT MYERS, FL 33912

Title: T  
Name: CRAMER, RANDY  
Address: 5711 HALIFAX AVENUE  
City-St-Zip: FORT MYERS, FL 33912

I hereby 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 all other like empowered.

SIGNATURE: MITCHELL T. BROOKS

RA

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date