

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32859

FILED
Apr 29, 2005
Secretary of State

Entity Name: FLORIDA SWIMMING POOL ASSOCIATION - SPACE COAST CHAPTER, INC.

Current Principal Place of Business:

1718 MAIN ST.
SUITE 303
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

1718 MAIN ST.
SUITE 303
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 65-0124750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBBER, ROBIN
1718 MAIN STREET
SARASOTA, FL 34236 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: PD () Delete
Name: JOHNSON, BOBBY
Address: 4100 N WICKHAM RD.
City-St-Zip: MELBOURNE, FL 32940

Title: VPD () Delete
Name: PFLUG, DEBRA
Address: 2825 BUSINESS CTR., #A5
City-St-Zip: MELBOURNE, FL 32940

Title: SD () Delete
Name: MACE, VANESSA
Address: 395 PINEDA CT.
City-St-Zip: MELBOURNE, FL 32940

Title: TD () Delete
Name: GRUNDFOEFER, SHELLY
Address: 4100 N WICKHAM RD.
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BOBBY JOHNSON

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date