

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32859

FILED  
Apr 09, 2007  
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:**

2555 PORTER LAKE DRIVE  
SUITE 106  
SARASOTA, FL 34240 US

**Current Mailing Address:**

1718 MAIN ST.  
SUITE 303  
SARASOTA, FL 34236 US

**New Mailing Address:**

2555 PORTER LAKE DRIVE  
SUITE 106  
SARASOTA, FL 34240 US

**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:**

WEBBER, ROBIN  
2555 PORTER LAKE DRIVE  
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:

04/09/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHANEY, FRED  
Address: 820 LINCOLN AVE.  
City-St-Zip: MELBOURNE, FL 32901

Title: VPD ( ) Delete  
Name: GRUNDHOFFER, SHELLY  
Address: 4100 WICKHAM RD, STE 105  
City-St-Zip: MELBOURNE, FL 32935

Title: SD ( ) Delete  
Name: MONTANARO, DOMINICK  
Address: 345 PARK AVE.  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: TD ( ) Delete  
Name: ADCOCK, EVA  
Address: 4660 US 1 NORTH  
City-St-Zip: MELBOURNE, FL 32935

**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 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: EVA ADCOCK

TD

04/09/2007

Electronic Signature of Signing Officer or Director

Date