FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004567 (3)

1. Corporation Name
PARTNERS FOR AQUATICS AT LAKE MARY, INC.

Principal Place of Business	Mailing Address
775 TOMLINSON TERRACE LAKE MARY FL 32746	775 TOMLINSON TERRACE LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1994
3a. Date of Last Report:
4. FEI Number: 59-3269499 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PELO, DEBORAH L
775 TOMLINSON TERRACE
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D ☐ Change ☒ Addition
NAME	PELO, DEBORAH L	1.2 NAME	BARKS, JAMES A.
STREET ADDRESS	775 TOMLINSON TERRACE	1.3 STREET ADDRESS	1120 W. FIRST STREET, SUITE B
CITY-ST-ZIP	LAKE MARY FL 32746	1.4 CITY-ST-ZIP	SANFORD, FL 32771
TITLE	DV	2.1 TITLE	D ☐ Change ☒ Addition
NAME	TYLER, FREDERICK D	2.2 NAME	TARR, ROBERT D.
STREET ADDRESS	533 LAKESHORE CIRCLE	2.3 STREET ADDRESS	123 WAGON WHEEL WAY
CITY-ST-ZIP	LAKE MARY FL 32746	2.4 CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	DT	3.1 TITLE	☐ Change ☐ Addition
NAME	QUINN, DANNIE L	3.2 NAME	
STREET ADDRESS	569 SERENITY PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DURYEA, GEROGE F CPA	4.2 NAME	
STREET ADDRESS	116 E. CRYSTAL LAKE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	☐ Change ☐ Addition
NAME	BEITEL, MARG A	5.2 NAME	
STREET ADDRESS	4 QUAIL RUN	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	5.4 CITY-ST-ZIP	
TITLE	DS	6.1 TITLE	☐ Change ☐ Addition
NAME	TYLER, RENEE H	6.2 NAME	
STREET ADDRESS	533 LAKESHORE CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Deborah L. Pelo DEBORAH L. PELO 4/22/95 407 324-0289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR1570