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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004567 (3)

1. Corporation Name

PARTNERS FOR AQUATICS AT LAKE MARY, INC.



Principal Place of Business

**775 TOMLINSON TERRACE
LAKE MARY FL 32746**

Mailing Address

**775 TOMLINSON TERRACE
LAKE MARY FL 32746**

3. Date Incorporated or Qualified

09/13/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PELO, DEBORAH L
775 TOMLINSON TERRACE
LAKE MARY FL 32746**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE **D** ☐ DELETE
NAME **BARKS, JAMES A**
STREET ADDRESS **1120 W. FIRST STREET, SUITE B**
CITY-ST-ZIP **SANFORD FL**

1.1 TITLE **V** ☐ Change ☒ Addition
1.2 NAME **Tyler, Fredrick**
1.3 STREET ADDRESS **533 Lakeshore Circle**
1.4 CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE **D** ☐ DELETE
NAME **TARR, ROBERT D**
STREET ADDRESS **123 WAGON WHEEL WAY**
CITY-ST-ZIP **LAKE MARY FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE
NAME **QUINN, DANNIE L**
STREET ADDRESS **569 SERENITY PLACE**
CITY-ST-ZIP **LAKE MARY FL 32746**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DURYEA, GEROGE F CPA**
STREET ADDRESS **116 E. CRYSTAL LAKE AVE.**
CITY-ST-ZIP **LAKE MARY FL 32746**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **DV** ☐ DELETE
NAME **BEITEL, MARG A**
STREET ADDRESS **4 QUAIL RUN**
CITY-ST-ZIP **LONGWOOD FL 32779**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE
NAME **TYLER, RENEE H**
STREET ADDRESS **533 LAKESHORE CIRCLE**
CITY-ST-ZIP **LAKE MARY FL 32746**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96
Date

(407) 364-0289
Daytime Phone #

CR2E037 (12/95)