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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004310 (6)**

1. Corporation Name

SARASOTA INDEPENDENT POOL LEAGUE INC.

Principal Place of Business

5755 GRANADA DRIVE, #100
ATTN: ED ESTELLE
SARASOTA FL 34231

Mailing Address

5755 GRANADA DRIVE, #100
ATTN: ED ESTELLE
SARASOTA FL 34231

3. Date Incorporated or Qualified

08/15/1996

4. FEI Number

65-0740719

Applied For

Not Applicable

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

ESTELLE, ED
5755 GRANADA DRIVE, #100
SARASOTA FL 34231

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

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

Ed Estelle, Pres & Reg Agt
(NOTE: Registered Agent signature required when resigning)

Jan 4, 98
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HADEN, WAYNE	
STREET ADDRESS	3935 42ND STREET	
CITY-ST-ZIP	SARASOTA FL 34235	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DAY, JOHN SR.	
STREET ADDRESS	3080 LAKE RIDGE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34237	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HAYDEN, LIZ	
STREET ADDRESS	3935 42ND STREET	
CITY-ST-ZIP	SARASOTA FL 34235	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PETZ, CHRIS	
STREET ADDRESS	3904 MEADOW CREEK DR.	
CITY-ST-ZIP	SARASOTA FL 34233	

TITLE	COBD	<input type="checkbox"/> DELETE
NAME	ESTELLE, ED	
STREET ADDRESS	5755 GRANADA DRIVE, #100	
CITY-ST-ZIP	SARASOTA FL 34231	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOHMANN, ERNIE	
STREET ADDRESS	1526 RUSSEL AVE.	
CITY-ST-ZIP	SARASOTA FL 34232	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ed Estelle	
1.3 STREET ADDRESS	5755 Granada Dr #100	
1.4 CITY-ST-ZIP	SARASOTA FLA 34231	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAUL Heckman	
2.3 STREET ADDRESS	324 Lime Dr	
2.4 CITY-ST-ZIP	Nokomis FLA 34275	

3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BILL Friedman	
3.3 STREET ADDRESS	1718 NO Brink	
3.4 CITY-ST-ZIP	SARASOTA FLA 34234	

4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JON BAKER	
4.3 STREET ADDRESS	1834 Main St	
4.4 CITY-ST-ZIP	Sarasota Fla 34236	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Janet Kordell	
6.3 STREET ADDRESS	4620 SLOAN AVE	
6.4 CITY-ST-ZIP	SARASOTA FLA 34233	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Ed Estelle* *Ed Estelle, Reg Agent* *JAN 4, 98 (941) 366-6274*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)