

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

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0065388

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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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/15/1996

4. FEI Number

65-0740719

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

9. Name and Address of Current Registered Agent

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

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 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

TITLE PD
NAME ESTELLE, ED
STREET ADDRESS 5755 GRANADA DR #100
CITY-ST-ZIP SARASOTA FL 34231

TITLE VD
NAME HECKMAN, PAUL
STREET ADDRESS 324 LIME DR
CITY-ST-ZIP NOKOMIS FL 34275

TITLE SD
NAME FRIEDMAN, BILL
STREET ADDRESS 1718 NO BRINK
CITY-ST-ZIP SARASOTA FL 34234

TITLE TD
NAME BAKER, JON
STREET ADDRESS 1834 MAIN ST
CITY-ST-ZIP SARASOTA FL 34236

TITLE COBD
NAME ESTELLE, ED
STREET ADDRESS 5755 GRANADA DRIVE, #100
CITY-ST-ZIP SARASOTA FL 34231

TITLE D
NAME KORDELL, JANET
STREET ADDRESS 4620 SLOAN AVE
CITY-ST-ZIP SARASOTA FL 34233

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-99 941-366-6277

CR2E037 (11/98)