NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90030 045 ****61.25

850905

DOCUMENT # N99000006857

1. Entity Name
Southwest Florida Pool + Spa Foundation, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
258 Bangsberg Rd	258 Bangsberg Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Charlotte FL	City & State: Port Charlotte FL
Zip: 33952 Country: USA	Zip: 33952 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0959887 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mitchell T Brooks

Street Address (P.O. Box Number is Not Acceptable): 258 Bangsberg Rd.

City: Port Charlotte FL Zip Code: 33952

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

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		
TITLE PD NAME Johnson Dan STREET ADDRESS 6767 Mauna Loa Blvd CITY-ST-ZIP Sarasota FL 34241	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VPD NAME McTigue Colin STREET ADDRESS 19800 Veterans Blvd CITY-ST-ZIP Port Charlotte FL 33954	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE STD NAME Harsanyi Douglas STREET ADDRESS 9725 Devonwood Ct. CITY-ST-ZIP Fort Myers FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE D NAME Aber Judi STREET ADDRESS PO Box 494771 CITY-ST-ZIP Port Charlotte, FL 33949	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE D NAME Allbright Peter STREET ADDRESS 21524 Dobbins Ave CITY-ST-ZIP Port Charlotte Fl 33954	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME Fay Ed STREET ADDRESS 4507 9th St West, Ste I-8 CITY-ST-ZIP Bradenton, FL 34207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Dan Johnson 4/30/02 9417646774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAN JOHNSON

Attachment 850905

#FV990000006857

D Egglefield Scott
903 west Albee Rd
Nokomis FL 34275

D mitchell michael
1822 SE 8th Ave
Cape Coral, FL 33990-2309