

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006857

FILED
Apr 08, 2004
Secretary of State

Entity Name: SOUTHWEST FLORIDA POOL & SPA FOUNDATION, INC.

Current Principal Place of Business:

2811D TAMIAMI TRL
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

2811D TAMIAMI TRL
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 65-0959887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, MITCHELL T
258 BANGSBERG RD. SE
PORT CHARLOTTE, FL 33952

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, DAN
Address: 6767 MAUNA LOA BLVD.
City-St-Zip: SARASOTA, FL 34241

Title: PD () Delete
Name: MCTIGUE, COLIN
Address: 19800 VETERANS BLVD
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D (X) Delete
Name: ABER, JUDI
Address: P.O. BOX 494771
City-St-Zip: PORT CHARLOTTE, FL 33949

Title: D (X) Delete
Name: ALLBRIGHT, PETER
Address: 21524 DOBBINS AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D (X) Delete
Name: FAY, ED
Address: 4507 9TH ST WEST STE I-8
City-St-Zip: BRADENTON, FL 34207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FAY, ED
Address: 4507 9TH ST WEST # I-8
City-St-Zip: BRADENTON, FL 34207

Title: S/T (X) Change () Addition
Name: ALLBRIGHT, PETER
Address: 21524 DOBBIS AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED FAY

P

04/08/2004

Electronic Signature of Signing Officer or Director

Date