

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006857

FILED  
May 01, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2811 TAMIAMI TRAIL  
SUITE P  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

2811 TAMIAMI TRAIL  
SUITE P  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 65-0959887      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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

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

Title: D ( ) Delete  
Name: EGGLEFIELD, SCOTT  
Address: 903 WEST ALBEE ROAD  
City-St-Zip: NOKOMIS, FL 34275

Title: VP ( ) Delete  
Name: HUBBARD, TODD  
Address: 6009 BUSINESS BLVD.  
City-St-Zip: SARASOTA, FL 33952

Title: S ( ) Delete  
Name: MCTIGUE, COLIN  
Address: 19800 VETERANS HIGHWAY  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete  
Name: JOHNSON, DAN  
Address: 2119 GLOBAL COURT  
City-St-Zip: SARASOTA, FL 34240

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 exemption stated in Chapter 119, 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

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date