

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90183 014 ***150.00

DOCUMENT # P95000092260

1. Corporation Name

BRITEWATER SWIMMING POOL MANAGEMENT, INC.



Principal Place of Business

4223 SOUTH TAMiami TRAIL
SARASOTA FL 34231

Mailing Address

4223 SOUTH TAMiami TRAIL
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1995

2. Principal Place of Business

21 4463 - E Ashton Road

2a. Mailing Address

26 4463 - E Ashton Road

4. FEI Number

65-0633488

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

City & State

23 Sarasota FL

City & State

28 Sarasota FL

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

Zip Country

24 34233

25

Zip Country

29 34233

30

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FREEMAN, WILLIAM M
409 BAILEY ROAD
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4930 Sabal Lake Circle

83

84 City Sarasota

FL

85 Zip Code

34238

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME TARRICONE, RICHARD N

STREET ADDRESS 6707 PIMLICO STREET

CITY-ST-ZIP NORTH PORT FL 34287

TITLE ☐ DELETE

NAME FREEMAN, WILLIAM M

STREET ADDRESS 409 BAILEY ROAD

CITY-ST-ZIP VENICE FL 34292

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4930 Sabal Lake Circle
Sarasota, FL 34238

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 607, 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

4/20/99

941-925-3096

Date

Daytime Phone #