2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2014
Secretary of State
CC3610701390

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Entity Name: ST. PETERSBURG AQUATICS, INC.

Current Principal Place of Business:

901 NORTH SHORE DR. NE
SAINT PETERSBURG, FL 33701

Current Mailing Address:

901 NORTH SHORE DR. NE
SAINT PETERSBURG, FL 33701

FEI Number: 59-9824138

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRIS, TRACY K
565 21ST AVE NE
SAINT PETERSBURG, FL 33704 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: TRACY K HARRIS 04/04/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	HARRIS, TRACY K
Address	565 21ST AVE NE
City-State-Zip:	SAINT PETERSBURG FL 33704

Title	D
Name	NARDOZZI, PATTY
Address	6346 27TH AVENUE, N
City-State-Zip:	SAINT PETERSBURG FL 33710

Title	D
Name	MOOREN, KEVIN
Address	901 NORTH SHORE DR. NE
City-State-Zip:	SAINT PETERSBURG FL 33701

Title	C
Name	LEWIS, FRED
Address	901 NORTH SHORE DR. NE
City-State-Zip:	SAINT PETERSBURG FL 33701

Title	T
Name	WOHLEND, BETH
Address	6161 R. MARTIN LUTHER KING JR.
City-State-Zip:	SAINT PETERSBURG FL 33702

Title	S
Name	EMERSON, JILL
Address	901 NORTH SHORE DR. NE
City-State-Zip:	SAINT PETERSBURG FL 33701

Title	D
Name	FINKE, E JOSEPH
Address	901 NORTH SHORE DR. NE
City-State-Zip:	SAINT PETERSBURG FL 33701

Title	D
Name	MARLIN, MYRON
Address	901 NORTH SHORE DR. NE
City-State-Zip:	SAINT PETERSBURG FL 33701

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I hereby 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 all other like empowered.

SIGNATURE: TRACY K HARRIS P 04/04/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	D
Name	GRANT, TRACY
Address	901 NORTH SHORE DR. NE
City-State-Zip:	SAINT PETERSBURG FL 33701

Title	D
Name	KAZEROUNIAN, ALLISON
Address	901 NORTH SHORE DR. NE
City-State-Zip:	SAINT PETERSBURG FL 33701