

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742026

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 US**FEI Number:** 59-1842389**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NARDOZZI, PATTY
901 N SHORE DR NE
SAINT PETERSBURG, FL 33701 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

Officer/Director Detail :

Title PRESIDENT
Name WILLIAMS, TORA L
Address 901 NORTH SHORE DR. NE
City-State-Zip: SAINT PETERSBURG FL 33701

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

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

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

Title DIRECTOR
Name NARDOZZI, PATTY
Address 901 NORTH SHORE DR. NE
City-State-Zip: SAINT PETERSBURG FL 33701

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

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

Title DIRECTOR
Name KURTZ, PAUL
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: PATTY NARDOZZI**DIRECTOR****01/15/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name POPE, MICHELLE
Address 901 NORTH SHORE DR. NE
City-State-Zip: SAINT PETERSBURG FL 33701

Title DIRECTOR
Name RHOADES, ALLY
Address 901 NORTH SHORE DR. NE
City-State-Zip: SAINT PETERSBURG FL 33701

Title DIRECTOR
Name NOGA, KELLY
Address 901 NORTH SHORE DR. NE
City-State-Zip: SAINT PETERSBURG FL 33701