

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29827

**Entity Name:** FLORIDA SWIMMING POOL ASSOCIATION - TAMPA BAY CHAPTER, INC.

**FILED**  
**Feb 04, 2016**  
**Secretary of State**  
**CC7953749861**

**Current Principal Place of Business:**

2555 PORTER LAKE DRIVE  
SUITE 106  
SARASOTA, FL 34240

**Current Mailing Address:**

2555 PORTER LAKE DRIVE  
SUITE 106  
SARASOTA, FL 34240

**FEI Number: 59-6933797**

**Certificate of Status Desired: No**

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

KLOEPFER, MAGGIE  
2555 PORTER LAKE DRIVE  
SUITE 106  
SARASOTA, FL 34240 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 VP  
Name CONVERSE, TIM  
Address 4605 DEERWALK AVE  
City-State-Zip: TAMPA FL 33624

Title SECRETARY  
Name SWEARINGEN, DEBRA  
Address 2555 PORTER LAKE DRIVE  
City-State-Zip: SARASOTA FL 34240

Title P  
Name MCKENNA, KEN  
Address 403 LITHIA PINECREST RD  
City-State-Zip: BRANDON FL 33511

Title DIRECTOR  
Name ALDERMAN, CATHIE  
Address 9842 CURRIE DAVIS DRIVE  
City-State-Zip: TAMPA FL 33619

*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: CATHIE ALDERMAN**

**DIRECTOR**

**02/04/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date