

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 300940

Entity Name: BAY AREA POOLS AND SPAS, INC.**Current Principal Place of Business:**5015 W WATERS AVE.
SUITE A
TAMPA, FL 33634-1317**Current Mailing Address:**5015 W WATERS AVE.
SUITE A
TAMPA, FL 33634-1317 US**FEI Number:** 59-0937267**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CRAYTON, GAROLD F. III
5015 W WATERS AVE
SUITE A
TAMPA, FL 33634 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:** GAROLD F CRAYTON, III

06/25/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO/D/P/T
Name CRAYTON, GAROLD F. III
Address 5015 W WATERS AVE.
SUITE A
City-State-Zip: TAMPA FL 33634-1317

Title D/VP
Name BELANGER, JUSTIN
Address 5015 W WATERS AVE.
SUITE A
City-State-Zip: TAMPA FL 33634-1317

Title S/VP
Name ANDERSON, ANGELINA M
Address 5015 W WATERS AVE.
SUITE A
City-State-Zip: TAMPA FL 33634-1317

Title P/D
Name HAHMANN, DAVID J.
Address 5015 W WATERS AVE.
SUITE A
City-State-Zip: TAMPA FL 33634-1317

Title D
Name BELANGER, GAIL L.
Address 5015 W WATERS AVE.
SUITE A
City-State-Zip: TAMPA FL 33634-1317

Title VP
Name NEATHERLY, CHRISTOPHER L.
Address 5015 W WATERS AVE.
SUITE A
City-State-Zip: TAMPA FL 33634-1317

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JUSTIN BELANGER

VP FINANCE

06/25/2020

Electronic Signature of Signing Officer/Director Detail

Date