

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722979

**FILED**  
**May 10, 2013**  
**Secretary of State**  
**CC4106298883**

**Entity Name:** CLEARWATER MARINE AQUARIUM, INC.

**Current Principal Place of Business:**

249 WINDWARD PASSAGE  
CLEARWATER, FL 33767

**Current Mailing Address:**

249 WINDWARD PASSAGE  
CLEARWATER, FL 33767

**FEI Number:** 59-2086737

**Certificate of Status Desired:** No

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

YATES, DAVID P  
249 WINDWARD PASSAGE  
CLEARWATER, FL 33767 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 C  
Name DRAHEIM, JOHN  
Address 224 WINDWARD ISLAND  
City-State-Zip: CLEARWATER FL 33767

Title VC  
Name PETERSEN, CARLEN  
Address 2582 ANDERSON DR W  
City-State-Zip: CLEARWATER FL 33761

Title S  
Name LONGENECKER, ROSEMARY  
Address 201 PALM ISLAND SW  
City-State-Zip: CLEARWATER FL 33767

Title T  
Name BURWELL, ANDY  
Address 845 BAY ESPLANADE  
City-State-Zip: CLEARWATER FL 33767

Title CEO  
Name YATES, DAVID P  
Address 249 WINDWARD PASSAGE  
City-State-Zip: CLEARWATER FL 33767

Title EVP  
Name DAME, FRANK  
Address 249 WINDWARD PASSAGE  
City-State-Zip: CLEARWATER FL 33767

Title CFO  
Name VEGHTE, BRUCE  
Address 418 MIDWAY ISLAND  
City-State-Zip: CLEARWATER FL 33767

*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:** BRUCE VEGHTE

**CFO**

**05/10/2013**

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

\_\_\_\_\_  
Date