

FILE NOW: FILING FEE IS \$61.25

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**May 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **760494** (5)
1. Corporation Name
CLEARWATER AQUATICS BOOSTERS, INC.



Principal Place of Business Mailing Address
C/O BRUCE KRUMEICH
1503 RIDGE TOP WAY
CLEARWATER FL 33765
US

3. Date Incorporated or Qualified
10/10/1981

4. FEI Number
59-2169574

Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **Stephanie Strikowsky** 26 **Stephanie Strikowsky**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **2432 Stag Run Blvd** 27 **2432 Stag Run Blvd**
City & State City & State
23 **Clearwater FL** 28 **Clearwater FL**
Zip Country Zip Country
24 **33765** 25 **USA** 29 **33765** 30 **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
SCHULTZ, JUNE
3175 SAN MATEO
CLEARWATER FL 33759

10. Name and Address of New Registered Agent
81 Name **Michelle Haynes**
82 Street Address (P.O. Box Number is Not Acceptable) **104 Willow Branch Ave**
83
84 City **Clearwater** FL 85 Zip Code **33764**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Michelle Haynes*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	KRUMEICH, BRUCE	1.2 NAME	Stephanie Strikowsky
STREET ADDRESS	1503 RIDGE TOP WAY	1.3 STREET ADDRESS	2432 Stag Run Blvd
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater FL 33765
TITLE	VP	2.1 TITLE	VP
NAME	STRIKOWSKY, STEPHANIE	2.2 NAME	Gerrylyn Zarrilli
STREET ADDRESS	2432 STAG RUN BLVD	2.3 STREET ADDRESS	2266 Terrace Dr. N.
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater FL 33765
TITLE	S	3.1 TITLE	S
NAME	BRUSCA, BARBARA	3.2 NAME	Jamie Biondi
STREET ADDRESS	661 FAIRWOOD DRIVE	3.3 STREET ADDRESS	215 Elizabeth Ave S.
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater FL 33759
TITLE	T	4.1 TITLE	T
NAME	SCHULTZ, JUNE	4.2 NAME	Michelle Haynes
STREET ADDRESS	3175 SAN MATEO	4.3 STREET ADDRESS	104 Willow Branch Ave.
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	Clearwater FL 33764
TITLE	D	5.1 TITLE	D
NAME	WESTLUND, TERRY	5.2 NAME	Sharon Jackson
STREET ADDRESS	2453 GLENANN DR	5.3 STREET ADDRESS	89 Windward Blvd
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	Clearwater FL 33767
TITLE	D	6.1 TITLE	D
NAME	ZARRILLI, GERRY L	6.2 NAME	Don Casey
STREET ADDRESS	2266 TERRACE DR	6.3 STREET ADDRESS	3335 San Mateo St.
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	Clearwater FL 33755

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stephanie Strikowsky* **STEPHANIE STRIKOWSKY** 4/16/98 7972548 (813)

CR2E037 (10/97)