



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90199 035 ****61.25

DOCUMENT # 760494					
1. Entity Name CLEARWATER AQUATICS BOOSTERS, INC.					
Principal Place of Business 1709 PENNY LANE CLEARWATER, FL 33756 US			Mailing Address 1709 PENNY LANE CLEARWATER, FL 33756 US		
2. Principal Place of Business <i>1740 Idle Dr.</i>		3. Mailing Address <i>1740 Idle Dr.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Clearwater FL</i>		City & State <i>Clearwater FL</i>		03302006 Chg-NP CR2E037 (11/05)	
Zip <i>33756</i>		Country <i>USA</i>		4. FEI Number 59-2169574	
Zip <i>33756</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEAN, MIEK 1709 PENNY LANE CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name <i>LYN M. SEARS</i> Street Address (P.O. Box Number is Not Acceptable) <i>1740 Idle Dr.</i> City <i>Clearwater</i> FL Zip Code <i>33756</i>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Lyn M. Sears, Treasurer</i> <small>Signature, food or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEAN, BARB 1709 PENNY LANE CLEARWATER, FL 33756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <i>Lyn M. Sears</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>1740 Idle Dr</i> <i>Clearwater, FL 33756</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, TERESA 2201 HENNESEN DR CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>Janet Carnovali</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>631 Casler Ave.</i> <i>Clearwater, FL 33755</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEAN, MIKE 1709 PENNY LANE CLEARWATER, FL 33756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLAKELY, LAURA 1848 STONCER DR CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.					
SIGNATURE: <i>Lyn M. Sears</i> <i>Lyn M. Sears</i> <i>4/28/06</i> <i>727-585-9640</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40082816

Division of Corporations**Annual Report**

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Document Number	760494
Business Entity Name	CLEARWATER AQUATICS BOOSTERS, INC.
FEI Number	592169574
FEI Number Status	
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

Principal Place of Business

Address 1740 IDLE DRIVE
Suite, Apt. #, etc.
City, State CLEARWATER, FL
Zip Code & Country 33756 US

Mailing Address

Address 1740 IDLE DRIVE
Suite, Apt. #, etc.
City, State CLEARWATER, FL
Zip Code & Country 33756 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title) SEARS, LYN
Address 1740 IDLE DRIVE
Suite, Apt. #, etc.
City, State CLEARWATER, FL
Zip Code & Country 33756 US
Registered Agent Signature LYN SEARS

Officer/Director Name and Address

Title P
Name (Last, First, Middle, Title) CARNEVALI, JANET
Street Address 681 CASLER AVE

#760494

City, State CLEARWATER, FL
Zip Code & Country 33755

Title VP
Name (Last, First, Middle, Title) SMITH, TERESA
Street Address 2201 HENNESEN DR
City, State CLEARWATER, FL
Zip Code & Country 33764

Title T
Name (Last, First, Middle, Title) SEARS, LYN
Street Address 1740 IDLE DRIVE
City, State CLEARWATER, FL
Zip Code & Country 33756

Title S
Name (Last, First, Middle, Title) BLAKELY, LAURA
Street Address 1848 STONCER DR
City, State CLEARWATER, FL
Zip Code & Country 33764

Title T
Officer/Director Signature LYN SEARS

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