

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760494

FILED  
Mar 14, 2009  
Secretary of State

Entity Name: CLEARWATER AQUATICS BOOSTERS, INC.

**Current Principal Place of Business:**

2353 DORA DRIVE  
CLEARWATER, FL 33765 US

**New Principal Place of Business:**

**Current Mailing Address:**

2353 DORA DRIVE  
CLEARWATER, FL 33765 US

**New Mailing Address:**

FEI Number: 59-2169574      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HOWARD, VICKI J  
2353 DORA DRIVE  
CLEARWATER, FL 33765 US

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

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

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: HOWARD, VICKI J  
Address: 2353 DORA DRIVE  
City-St-Zip: CLEARWATER, FL 33765

Title: VP ( ) Delete  
Name: SHACKTON, ALEX M  
Address: 213 N. LINCOLN AVENUE  
City-St-Zip: CLEARWATER, FL 33755

Title: P ( ) Delete  
Name: CARNEVALI, JANET  
Address: 681 CASLER AVE  
City-St-Zip: CLEARWATER, FL 33755

Title: S ( ) Delete  
Name: TONEBERG, BERNICE  
Address: 1408 NELSON AVENUE  
City-St-Zip: CLEARWATER, FL 33755

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: CASTAGNA, KAREN  
Address: 410 HILLTOP AVENUE  
City-St-Zip: CLEARWATER, FL 33755

Title: P (X) Change ( ) Addition  
Name: CASTAGNA, CHARLES  
Address: 410 HILLTOP AVENUE  
City-St-Zip: CLEARWATER, FL 33755

Title: S (X) Change ( ) Addition  
Name: STONEBERG, BERNICE  
Address: 1408 NELSON AVENUE  
City-St-Zip: CLEARWATER, FL 33755

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES CASTAGNA

P

03/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date