2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N00624

TI FILED
Sep 25, 2009
Secretary of State

Entity Name: AQUATIC BOOSTERS, INC.

Current Principal Place of Business: New Principal Place of Business:

MAGNET DR. 8321 PANTHER LANE

FORT MYERS, FL 33919 US CYPRESS LAKE POOL OFFICE FORT MYERS, FL 33919 US

Current Mailing Address: New Mailing Address:

P.O. BOX 07008

FORT MYERS, FL 33919

FEI Number: 59-2313365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KENNEDY, ROBERT ROBERT M KENNEDY
9816 FOLERA COVE POINT
UNIT #106
FORT MYERS, FL 33908 US

ROBERT M KENNEDY
9816 SOLERA COVE POINT
UNIT #106
FORT MYERS, FL 33908 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: ROBERT M KENNEDY 09/25/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 THOMAS, JACK E
 Name:
 PELLE, HANNAH

Address: 16031 WATERLEAF LANE Address: 8290 SUMNER AVE
City-St-Zip: FORT MYERS, FL 33908

City-St-Zip: FORT MYERS, FL 33908

Title: SEC () Delete Title: VP (X) Change () Addition Name: BLACK, LARRY R Name: KENNEDY, ROBERT M

Address: 5320 HARBORAGE DR Address: 9816 SOLERA COVE POINT UNIT #106

City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908

Title: TRE () Delete Title: TRE (X) Change () Addition Name: WILSON, MATTHEW Name: GRIFFITH, DANA

Address: 5501 CHESIRE DR #203 Address: 14485 REFLECTION LAKES DRIVE

City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33907

Title: BMD () Delete Title: SEC (X) Change () Addition Name: ALVARADO, JUDI Name: MODGLIN, JENNIFER

Address: 11397 WATERFORD VILLAGE DR Address: 9160 BUTTERFLY COURT
City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: FORT MYERS, FL 33919

Title: BMD () Delete Title: BM (X) Change () Addition

 Name:
 PELLE, HANNÁ
 Name:
 HURLEY, JOHN & TRÁCIE

 Address:
 8290 SUMMER AVE
 Address:
 7553 CAMERON CIRCLE

 City-St-Zip:
 FORT MYERS, FL 33908
 City-St-Zip:
 FORT MYERS, FL 33908

Title: () Delete Title: BM () Change (X) Addition

 Name:
 Name:
 CUNNINGHAM, PATRICE

 Address:
 Address:
 2118 SE 18TH AVENUE

 City-St-Zip:
 City-St-Zip:
 CAPE CORAL, FL 33990

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: HANNAH PELLE P 09/25/2009