

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000851

FILED  
Jan 26, 2011  
Secretary of State

**Entity Name:** FYD CARROLLWOOD HURRICANES, INC.

**Current Principal Place of Business:**

13618 DIAMOND HEAD DRIVE  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

13618 DIAMOND HEAD DRIVE  
TAMPA, FL 33624

**New Mailing Address:**

PO BOX 342745  
TAMPA, FL 33694

**FEI Number:** 02-0655930

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSER, GARY  
13618 DIAMOND HEAD DRIVE  
TAMPA, FL 33624 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: PD  
Name: BUSER, GARY  
Address: 13618 DIAMOND HEAD DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: VPD  
Name: MOSCO, ANTHONY  
Address: 14827 TUDOR CHASE DRIVE  
City-St-Zip: TAMPA, FL 33626

Title: TD  
Name: FURNARI, MIKE  
Address: 19329 WIND DANCER ST  
City-St-Zip: LUTZ, FL 33558

Title: RD  
Name: DUNN, MELANIE  
Address: 15714 INDIAN QUEEN DR  
City-St-Zip: ODESSA, FL 33556

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: GARY L BUSER

PRES

01/26/2011

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

\_\_\_\_\_  
Date