


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90020 049 ****61.25

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1. Entity Name
EAGLE AQUATICS BOOSTER CLUB, INC.



Principal Place of Business
10335 SW 35 STREET
MIAMI, FL 33165

Mailing Address
10335 SW 35 STREET
MIAMI, FL 33165



2. Principal Place of Business
9401 S.W. 51 Terrace

3. Mailing Address
9401 S.W. 51 Terrace

Suite, Apt. #, etc.

02072005 Chg-NP CR2E037 (10/03)

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33173 USA

Zip Country
33173 USA

4. FEI Number
20-1606433

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MCCRIMMON, LORI
10335 SW 35 STREET
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name
Laura Mena

Street Address (P.O. Box Number is Not Acceptable)
9401 S.W. 51 Terrace

City
Miami **FL** Zip Code
33175

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 *Laura L. Mena President* DATE _____

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCCRIMMON, LORI	
STREET ADDRESS	10335 SW 35 STREET	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	SILVIA, RUTH	
STREET ADDRESS	5492 SW 80 COURT	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLSON, MARGARET I	
STREET ADDRESS	5400 SW 89 AVE	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura Mena	
STREET ADDRESS	9401 S.W. 51 Terrace	
CITY-ST-ZIP	Miami FL 33175	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy Narino	
STREET ADDRESS	5935 S.W. 113 Place	
CITY-ST-ZIP	Miami FL 33173	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Isabel Sanchez	
STREET ADDRESS	6321 S.W. 94 Ave	
CITY-ST-ZIP	Miami FL 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 all other like empowered.

SIGNATURE: *Laura L. Mena* Date _____ Daytime Phone # 954-433-6201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR