

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 16, 2008  
Secretary of State**

DOCUMENT# N06000011984

**Entity Name:** HARMONY HIGH SCHOOL SWIMMING & DIVING BOOSTERS, INC.

**Current Principal Place of Business:**

3601 ARTHUR J. GALLAGHER BLVD.  
HARMONY, FL 34771

**New Principal Place of Business:**

**Current Mailing Address:**

5206 HAMMOCK POINTE CT.  
ST CLOUD, FL 34771

**New Mailing Address:**

**FEI Number:** 20-8071309      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GRABER, SHARI  
5206 HAMMOCK POINT  
SAINT CLOUD, FL 34771      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: P      ( ) Delete  
Name: GRABER, SHARI  
Address: 5206 HAMMOCK POINT  
City-St-Zip: SAINT CLOUD, FL 34771

Title: V      ( ) Delete  
Name: GRABER, RIC  
Address: 5206 HAMMOCK POINT  
City-St-Zip: SAINT CLOUD, FL 34771

Title: S      ( ) Delete  
Name: SCHEPLER, BRENDA  
Address: 2209 SPRING LAKE CIRCLE  
City-St-Zip: SAINT CLOUD, FL 34771

Title: T      ( ) Delete  
Name: WALKER, GARY  
Address: 4237 SETTLERS COURT  
City-St-Zip: SAINT CLOUD, FL 34772

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

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

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

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

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

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: GARY WALKER

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

T

02/16/2008

\_\_\_\_\_  
Date