

# 2009 CORPORATION ANNUAL REPORT

DOCUMENT# N10000000099

Entity Name: HURRICANES BASEBALL BOOSTERS, INC.

FILED  
Mar 30, 2009  
Secretary of State

05-01-06 60482 016 \$145.00 \*\*\* \$32.50  
OVERPAYMENT FROM 2006 AR APPLIED  
TO THIS AR. SPT 1-22-10

**Current Principal Place of Business:**

3037 HOMESTEAD OAKS DRIVE  
CLEARWATER, FL 33759

**New Principal Place of Business:**

04-23-07 60072 013 \$145.00 \*\*\* \$23.75  
OVERPAYMENT FROM 2007 AR APPLIED  
TO THIS AR. SPT 1-22-10

**Current Mailing Address:**

3037 HOMESTEAD OAKS DRIVE  
CLEARWATER, FL 33759

**New Mailing Address:**

FEI Number: 11-3757893      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

OSTROSKI, NATALIE  
3037 HOMESTEAD OAKS DRIVE  
CLEARWATER, FL 33759      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: OSTROSKI, NATALIE  
Address: 3037 HOMESTEAD OAKS DRIVE  
City-St-Zip: CLEARWATER, FL 33759

Title: VP ( ) Delete  
Name: ROEPKE, JEAN  
Address: 652 SEVERS LANDING  
City-St-Zip: PALM HARBOR, FL 34683

Title: TD ( ) Delete  
Name: GRIFFITH, LISA  
Address: 504 HUMPHRIES  
City-St-Zip: SAFETY HARBOR, FL 34689

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

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

Title: VP (X) Change ( ) Addition  
Name: GOOT, JOANNE  
Address: 556 LAKEWOOD DRIVE  
City-St-Zip: OLDSMAR, FL

Title: TD (X) Change ( ) Addition  
Name: GRIFFITH, LISA  
Address: 504 HUMPHRIES ROAD  
City-St-Zip: SAFETY HARBOR, FL 34695

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA GRIFFITH

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

TREA

03/30/2009

\_\_\_\_\_  
Date