

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90147 008 ****61.25

DOCUMENT # N97000001928

1. Corporation Name

DUNEDIN AQUATIC BOOSTERS, INC.

Principal Place of Business

1271 ROYAL OAK DR
DUNEDIN FL 34698

Mailing Address

1271 ROYAL OAK DR
DUNEDIN FL 34698



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

City & State

28

City & State

29

City & State

30

City & State

3. Date Incorporated or Qualified

04/04/1997

4. FEI Number

59-3509355

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GAUZENS, ALAN
1271 ROYAL OAK DR
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLAKE, PAUL	
STREET ADDRESS	433 S PAULA DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GAUZENS, JOANNE	
STREET ADDRESS	1271 ROYAL OAK DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAAS, MARI	
STREET ADDRESS	2678 BRATTLE LA	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	VPTD	<input checked="" type="checkbox"/> DELETE
NAME	HALEY, CURTIS	
STREET ADDRESS	354 RIVIERE RD	
CITY-ST-ZIP	PALM HARBOR FL 34698	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HENNING, LESLIE	
STREET ADDRESS	2184 HARBOR VIEW DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, RITA	
STREET ADDRESS	3448 ROLLING TRAIL	
CITY-ST-ZIP	PALM HARBOR FL 34684	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cottrell, Cathy	
1.3 STREET ADDRESS	131 McLean St.	
1.4 CITY-ST-ZIP	Dunedin, FL 34698	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hopacker, Merri Beth	
2.3 STREET ADDRESS	2149 Cedar Dr.	
2.4 CITY-ST-ZIP	Dunedin, FL 34698	
3.1 TITLE	PD (from D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	33761 (from 34621)	
4.1 TITLE	VPTD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Helvenston, Nancy	
4.3 STREET ADDRESS	204 George St.	
4.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Russo, Lisa Marie	
5.3 STREET ADDRESS	1602 Bayshore Blvd.	
5.4 CITY-ST-ZIP	Dunedin, FL 34698	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Samuel, Hank	
6.3 STREET ADDRESS	3074 Autumn Dr.	
6.4 CITY-ST-ZIP	Palm Harbor, FL 34683	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mari Haas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 (tar) 786-3468
Date Daytime Phone #