

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000001928

FILED
Dec 22, 2005
Secretary of State

Entity Name: DUNEDIN AQUATIC BOOSTERS, INC.

Current Principal Place of Business:

903 MICHIGAN
HIGHLANDER POOL
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 689
DUNEDIN, FL 346970689

New Mailing Address:

FEI Number: 59-3509355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAAS, MARI J
2678 BRATTLE LN
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

HAAS, MARI J
2294 LAGOON DRIVE
DUNEDIN, FL 34698 US

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: MARI J. HAAS

12/22/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HALEY, LINDA
Address: P.O. BOX 689
City-St-Zip: DUNEDIN, FL 34697

Title: D () Delete
Name: HOFACKER, WILLIAM
Address: 2149 CEDARD DR
City-St-Zip: DUNEDIN, FL 34698

Title: PD () Delete
Name: HAAS, MARI
Address: 2678 BRATTLE LA
City-St-Zip: CLEARWATER, FL 33761

Title: VPTD () Delete
Name: PERROTTI, LORI
Address: P.O. BOX 689
City-St-Zip: DUNEDIN, FL 34697

Title: SD (X) Delete
Name: RUSSO, LISA MARIE
Address: 1602 BAY SHORE BLVD
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: MURPHY, MARYPAT
Address: P.O. BOX 689
City-St-Zip: DUNEDIN, FL 34697

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HOFACKER, WILLIAM
Address: 2149 CEDAR DR
City-St-Zip: DUNEDIN, FL 34698

Title: PD (X) Change () Addition
Name: HAAS, MARI
Address: 2294 LAGOON DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: VPTD (X) Change () Addition
Name: LO MBARDO, GAIL
Address: P.O. BOX 689
City-St-Zip: DUNEDIN, FL 34697

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 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 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: MARI J. HAAS

PD

12/22/2005

Electronic Signature of Signing Officer or Director

Date