

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001928

FILED  
Apr 20, 2006  
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  
2294 LAGOON DRIVE  
DUNEDIN, FL 34698 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: D ( ) Delete  
Name: HALEY, LINDA  
Address: P.O. BOX 689  
City-St-Zip: DUNEDIN, FL 34697

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

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: O'NEIL, IAN  
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:

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 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: MARI J. HAAS

PD

04/20/2006

Electronic Signature of Signing Officer or Director

Date