


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000000510</b>	
1. Entity Name PALM HARBOR UNIVERSITY HIGH I.B. BOOSTER CLUB, INC.	

Principal Place of Business 1900 OMAHA STREET PALM HARBOR, FL 34683	Mailing Address 1310 FOREST EDGE BLVD. OLDSMAR, FL 34677
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01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3495310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SIKORSKI, JOY 1900 OMAHA STREET PALM HARBOR, FL 34683
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

1100000423728  
02/18/06-80010-N19 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIKORSKI, JOY 1937 DIAMOND CT OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAGAN, MARILYN 2395 FLINT ROCK DR CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VENKER, CYNTHIA 1310 FORESTEDGE BLVD. OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLAMMER, TAMMIE 2567 STILLWATER CT PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Joy Sikorski **1-31-06 (727) 786-2523**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #