

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17352

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC5795053894**

**Entity Name:** WATER SPORTS INDUSTRY ASSOCIATION, INC.

**Current Principal Place of Business:**

4860 WATERWITCH PT DR  
ORLANDO, FL 32806

**Current Mailing Address:**

4860 WATERWITCH PT DR  
ORLANDO, FL 32806 US

**FEI Number: 59-2766476**

**Certificate of Status Desired: No**

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

MEDDOCK, LARRY JMR.  
4860 WATERWITCH PT. DRIVE  
ORLANDO, FL 32806 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ARCHER, JOHN  
Address        433 PARK AVE SOUTH  
City-State-Zip: NEW LONDON OH 44851

Title            ASST. SECRETARY  
Name            SEARS, COLETTE M  
Address        1660 INDIAN DANCE COURT  
City-State-Zip: MAITLAND FL 32751

Title            VP  
Name            SPRINGER, JACK  
Address        5075 KIMBERLY WAY  
City-State-Zip: LOUDON TN 37774

Title            TREASURER  
Name            BIALICK, PAUL  
Address        6700 HWY I-35  
City-State-Zip: NEW BRAUNFELS TX 78136

Title            SECRETARY  
Name            DVORAK, MATT  
Address        4936 S. PENINSULA DRIVE  
City-State-Zip: PONCE INLET FL 32127

Title            CHAIRMAN  
Name            MEDDOCK, LARRY  
Address        4860 WATERWITCH PT. DR.  
City-State-Zip: ORLANDO FL 32806

*I hereby 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 all other like empowered.*

**SIGNATURE: COLETTE M. SEARS**

**ASST. SECRETARY**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date