

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732699

FILED  
Jan 11, 2005  
Secretary of State

**Entity Name:** CENTRAL FLORIDA WATER SKI CLUB, INC.

**Current Principal Place of Business:**

7079 VILLA ESTELLE DR  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

7079 VILLA ESTELLE DR  
ORLANDO, FL 32819 US

**New Mailing Address:**

**FEI Number:** 59-1606393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERTS, ED  
7079 VILLA ESTELLE DR  
ORLANDO, FL 32819 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: DS ( ) Delete  
Name: WITSKEN, LISA  
Address: 4214 PLACID WAY  
City-St-Zip: ORLANDO, FL

Title: TD ( ) Delete  
Name: NORTON, SCOTT  
Address: 1947 S KIRKMAN #8  
City-St-Zip: ORLANDO, FL

Title: DV ( ) Delete  
Name: WILSON, CINDY  
Address: 7079 VILLA ESTELLE DR  
City-St-Zip: ORLANDO, FL 32819

Title: DV ( ) Delete  
Name: WITSKEN, DOUG  
Address: 4214 PLACID WAY  
City-St-Zip: ORLANDO, FL

Title: DP ( ) Delete  
Name: ROBERTS, ED  
Address: 7079 VILLA ESTELLE DRIVE  
City-St-Zip: ORLANDO, FL 32819

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

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

Title: TD (X) Change ( ) Addition  
Name: WEST, GORDON  
Address: 7055 VILLA ESTELLE  
City-St-Zip: ORLANDO, FL 32819

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 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: ED ROBERTS

DP

01/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date