2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# 732699

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:

2455 STILLWATER LAKES DR SW
PALM BAY, FL 329081369 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
2455 STILLWATER LAKES DR SW
PALM BAY, FL 329081369 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:	WILSON, CINDY	
Address:	2455 STILLWATER LAKES DR SW	
City-St-Zip:	PALM BAY, FL 329081369	
Title:	DV	( ) Delete
Name:	WEST, GORDON	
Address:	7055 VILLA ESTELLE	
City-St-Zip:	ORLANDO, FL 32819	
Title:	DV	( ) Delete
Name:	WILSON, CINDY	
Address:	2455 STILLWATER LAKES DR SW	
City-St-Zip:	PALM BAY, FL 329081369	
Title:	DP	( ) Delete
Name:	ROBERTS, ED	
Address:	2455 STILLWATER LAKES DR SW	
City-St-Zip:	PALM BAY, FL 329081369	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ED ROBERTS DP 02/04/2009

Electronic Signature of Signing Officer or Director — Date