

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90014 035 ***150.00

DOCUMENT # F97000004393

1. Entity Name
WATER CLUB DEVELOPMENTS INC.



Principal Place of Business
**2200 YONGE STREET, SUITE 1600
TORONTO, ONTARIO
CANADA M4S 2C6,**

Mailing Address
**2200 YONGE STREET, SUITE 1600
TORONTO, ONTARIO
CANADA M4S 2C6,**

34007466



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0177504	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC JULIEN, ROBERT 2200 YONGE ST., STE. 1600, TORONTO, ONT. CANADA M4S 2C6,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC MOOG, DELIA 2200 YONGE ST., STE. 1600, TORONTO, ONT. CANADA M4S 2C6,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARKE, MICHAEL 2200 YONGE ST., STE. 1600, TORONTO, ONT. CANADA M4S 2C6,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 13/04

Date

416-485-0477

Daytime Phone #