

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2005  
Secretary of State**

DOCUMENT# N01000006744

Entity Name: DISABLED WATER SKIERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2240 TURTLE MOUND ROAD  
MELBOURNE, FL 32934

**New Principal Place of Business:**

**Current Mailing Address:**

2240 TURTLE MOUND ROAD  
MELBOURNE, FL 32934

**New Mailing Address:**

FEI Number: 59-3746666      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HESTER, LEON N  
2240 TURTLE MOUND ROAD  
MELBOURNE, FL 32935 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: PD ( ) Delete  
Name: HESTER, LEON N  
Address: 2240 TURTLE MOUND ROAD  
City-St-Zip: MELBOURNE, FL 32934

Title: VD ( ) Delete  
Name: HESTER, MARJORIE M  
Address: 2240 TURTLE MOUND RD  
City-St-Zip: MELBOURNE, FL 32934

Title: D ( ) Delete  
Name: KIERSTEAD, DON L  
Address: 1040 CARLTON  
City-St-Zip: MELBOURNE, FL 32935

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

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

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

Title: D (X) Change ( ) Addition  
Name: HESTER, MICHAEL D  
Address: 4300 AURORA RD  
City-St-Zip: MELBOURNE, FL 32934

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: LEON N HESTER

PD

04/27/2005

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

\_\_\_\_\_  
Date