

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006744

FILED
Apr 13, 2006
Secretary of State

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:

HESTER, LEON N
2240 TURTLE MOUND ROAD
MELBOURNE, FL 32934 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: LEON N HESTER

04/13/2006

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: HESTER, MICHAEL D
Address: 4300 AURORA RD
City-St-Zip: MELBOURNE, FL 32934

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: LEON N HESTER

PD

04/13/2006

Electronic Signature of Signing Officer or Director

Date