

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006744

FILED  
Apr 20, 2010  
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 32934 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  
Name: HESTER, LEON N  
Address: 2240 TURTLE MOUND ROAD  
City-St-Zip: MELBOURNE, FL 32934

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

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

I hereby 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 all other like empowered.

SIGNATURE: LEON N. HESTER

PD

04/20/2010

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

\_\_\_\_\_  
Date