## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000008261

FILED Apr 12, 2006 Secretary of State

Entity Name: NORTH FLORIDA WHITEWATER ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
3143 NE 14 SUITE 101 OCALA, FL	4TH STREET - 34470 US			
Current Mailing Address:		New Mailing Addres	ss:	
B143 NE 14 BUITE 101 DCALA, FL	4TH STREET - 34470 US			
El Number:	FEI Number Applied For (	(X) FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Current Registered Age	nt: Name and Address	of New Registered Agent:	
CLAUSS, EMERSON J III 3143 NE 14TH STREET SUITE 101 DCALA, FL 34470 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida.				
SIGNATOR	Electronic Signature of Registers	ed Agent	 Date	
OFFICERS AND DIRECTORS:		-	ES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip:	D () Delete CLAUSS, EMERSON J III 3365 SE 1ST AVENUE OCALA, FL 34471 US  D () Delete SKUHROVEC, DANIEL R 4275 SE 58TH PLACE OCALA, FL 34488 US  D () Delete CLAUSS, EMERSON J IV 3365 SE 1ST AVENUE OCALA, FL 34471 US	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	( ) Change ( ) Addition  ( ) Change ( ) Addition  ( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip:	D ( ) Delete BROWN, MITCHELL R 570 NE 1ST TERRACE OCALA, FL 34470 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D ( ) Delete CLAUSS, ALEXANDRA K 3365 SE 1ST AVENUE OCALA, FL 34471 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: EMERSON J. CLAUSS III D 04/12/2006