


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90027 017 ****61.25

DOCUMENT # N94000003124	
1. Entity Name SOUTH FLORIDA WATER SKI CLUB, INC.	

Principal Place of Business 4361 WEST SUNRISE BLVD. PLANTATION FL 33313	Mailing Address 4361 WEST SUNRISE BLVD. PLANTATION FL 33313
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



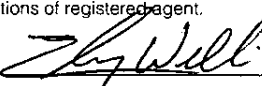
MOORE CR2E037 (11/03)

4. FEI Number 65-0565608	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRANT, MICHAEL 4361 WEST SUNRISE BLVD. PLANTATION FL 33313	
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7. Name and Address of New Registered Agent	
Name ELIZABETH WELLINS	
Street Address (P.O. Box Number is Not Acceptable) 2612 HARDING Street	
City Hollywood	Zip Code FL 33020

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 	DATE 2/19/4
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD WELLINS, ELIZABETH 3884 MEADOW LANE HOLLYWOOD FL 33021 <i>2612 HARDING ST Hollywood FL 33020</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J WES BURRIS 1111 SW 124TH WAY FT. LAUDERDALE FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTHERLAND, GREG 9302 ARBORWOOD CIRCLE DAVIE FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 617, 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.	
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SIGNATURE: 	DATE: 2/19/4	DAYTIME PHONE #: 954-658-2105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		