


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N95000004858 (5)

1. Corporation Name

KID'S WATER SKI CAMP, INC.

Principal Place of Business

Mailing Address

**899 COLDSTREAM CT.
NAPLES FL 33942**

**899 COLDSTREAM CT.
NAPLES FL 34104-4735**



3. Date Incorporated or Qualified
10/10/1995

3a. Date of Last Report
07/10/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip **34104**

Country

28 Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARLSON, SHARON M
2069 RIVER REACH DRIVE
#426
NAPLES FL 33942**

81 Name

Carlson, Sharon M

82 Street Address (P.O. Box Number is Not Acceptable)

83 **899 Coldstream Court**

84 City

Naples

FL

85 Zip Code

34104

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Sharon Carlson

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D CARLSON, SHARON**
STREET ADDRESS **899 COLDSTREAM CT.**
CITY-ST-ZIP **NAPLES FL 33942**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **34104**

TITLE ☐ DELETE
NAME **D SHENK, JEFFERY**
STREET ADDRESS **899 COLDSTREAM CT.**
CITY-ST-ZIP **NAPLES FL 33942**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **34104**

TITLE ☐ DELETE
NAME **D CARLSON, KIMBERLY**
STREET ADDRESS **830 WIGGINS PASS RD. #16**
CITY-ST-ZIP **NAPLES FL 33983**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **675 108th Ave. N.**
3.4 CITY-ST-ZIP **34108**

TITLE ☐ DELETE
NAME **D DONOVAN, CHRISTINA**
STREET ADDRESS **493 76TH AVE. N #1**
CITY-ST-ZIP **ST. PETERSBURG FL 33702**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Sharon Carlson **4-14-97**

CR2E037 (9/96)