

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002431

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** WORLD WAKEBOARD ASSOCIATION, INC.

**Current Principal Place of Business:**

223 WEST HAINES BLVD.  
LAKE ALFRED, FL 33850

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 999  
WINTER HAVEN, FL 338820999 US

**New Mailing Address:**

223 WEST HAINES BLVD.  
LAKE ALFRED, FL 33850

**FEI Number:** 59-3443057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STARLING, SHARRON  
116 NELSON ST.  
AUBURNDALE, FL 33823 US

**Name and Address of New Registered Agent:**

STARLING, SHANNON  
116 NELSON ST.  
AUBURNDALE, FL 33823 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: SHANNON STARLING

04/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STARLING, SHANNON  
Address: 116 NELSON ST  
City-St-Zip: AUBURNDALE, FL 33823

Title: D ( ) Delete  
Name: STARLING, SHANNON  
Address: 116 NELSON ST.  
City-St-Zip: AUBURNDALE, FL 33823

Title: D ( ) Delete  
Name: HICKMAN, MATT  
Address: 460 N. ORLANDO AVE., #200  
City-St-Zip: WINTER PARK, FL 32789

**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 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: SHANNON STARLING

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date