2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

DOCUMENT# N05000005269

Entity Name: SOUTHEAST STORMWATER ASSOCIATION, INCORPORATED

Current Principal Place of Business:

719 E. PARK AVE.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

719 E. PARK AVE.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-2305722 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPITZER, KURT
719 E. PARK AVE.
TALLAHASSEE, FL 32301 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: D ( ) Delete
Name: BLAKE, SEAN J
Address: 1045 EATON DR.
City-St-Zip: FT. WRIGHT, KY 41017

Title: D ( ) Delete
Name: GUILLORY, BLAKE
Address: 3230 COMMERCE PLACE, SUITE A
City-St-Zip: W. PALM BCH, FL 33407

Title: D ( ) Delete
Name: JARMAN, CHARLES C
Address: 4045 BRIDGE VIEW DR.
City-St-Zip: N. CHARLESTON, SC 29405

Title: D (X) Delete
Name: KAISER, LARRY
Address: 2570 OLD COVINGTON HWY. SE
City-St-Zip: CONYERS, GA 30012

Title: D (X) Delete
Name: KELLER, BRANT
Address: 134 N. HILL ST.
City-St-Zip: GRIFFIN, GA 30224

Title: D (X) Delete
Name: MILLER, GARRY O
Address: 216 SUMMIT PKWY.
City-St-Zip: BIRMINGHAM, AL 35209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: JARMAN, CHARLES
Address: 4045 BRIDGE VIEW DRIVE
City-St-Zip: N. CHARLESTON, SC 29405

Title: D (X) Change ( ) Addition
Name: HAMMOCK, DARYL
Address: 600 E. 4TH ST.
City-St-Zip: CHARLOTTE, NC 28202

Title: D (X) Change ( ) Addition
Name: KAISER, LARRY
Address: 325 AMBERBROOK CIRCLE
City-St-Zip: GRAYSON, GA 30017

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 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: KURT SPITZER ED 01/11/2007

Electronic Signature of Signing Officer or Director — Date