


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 853973 (6)
1. Corporation Name
ELECTRICAL GENERATING SYSTEMS ASSOCIATION, INC.



Principal Place of Business 1650 S. DIXIE HWY. 5TH FLOOR BOCA RATON FL 33432 US	Mailing Address 1650 S. DIXIE HWY. 5TH FLOOR BOCA RATON FL 33432 US
---	---

3. Date Incorporated or Qualified

09/03/1982

4. FEI Number

59-2270591

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KELLOUGH, DAVID
1650 S DIXIE HWY
5TH FLOOR
BOCA RATON FL 33432**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BECKER, DONALD	
STREET ADDRESS	444 HIGHLAND DRIVE	
CITY - ST - ZIP	KOHLER WI	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SEFTICK, RONALD	
STREET ADDRESS	830 W. 40TH STREET	
CITY - ST - ZIP	CHICAGO IL	

TITLE	M	<input type="checkbox"/> DELETE
NAME	KELLOUGH, DAVID	
STREET ADDRESS	1650 S DIXIE HWY, 5TH FLOOR	
CITY - ST - ZIP	BOCA RATON FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROGERS, JACK	
STREET ADDRESS	3131 S SHERIDAN	
CITY - ST - ZIP	TULSA OK	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WINBERY, JOHN	
STREET ADDRESS	1695 SOUTH LANE	
CITY - ST - ZIP	MANDEVILLE LA	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	DOLINAR, PAUL	
STREET ADDRESS	6250 W HOWARD ST	
CITY - ST - ZIP	NILES IL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		

2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kidwell, Gary	
5.3 STREET ADDRESS	705 North Carlton Avenue	
5.4 CITY - ST - ZIP	Stockton CA	

6.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 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:

David A. Kellough

4-24-98 561/750-5575

CP2E037 (10/97)