

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740997

Entity Name: FLORIDA WATER QUALITY ASSOCIATION, INC.**Current Principal Place of Business:**807 WHITESTONE CT
LAKELAND, FL 33803**Current Mailing Address:**P O BOX 2531
LAKELAND, FL 33806**FEI Number:** 59-2870834**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRUEBLOOD, SUZANNE P.
807 WHITESTONE COURT
LAKELAND, FL 33803 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|--------------------------|
| Title | TREASURER |
| Name | MOORE, AMANDA |
| Address | 3112 45TH STREET |
| City-State-Zip: | WEST PALM BEACH FL 33407 |

| | |
|-----------------|-----------------------|
| Title | SECRETARY |
| Name | MOSTELLER, TODD |
| Address | 7829 BAYBERRY RD. |
| City-State-Zip: | JACKSONVILLE FL 32256 |

| | |
|-----------------|--------------------------|
| Title | DIRECTOR |
| Name | GARCIA, RICO |
| Address | 2711 VISTA PKWY # B5 |
| City-State-Zip: | WEST PALM BEACH FL 33411 |

| | |
|-----------------|---------------------|
| Title | PRESIDENT |
| Name | GREENE, JEREMY |
| Address | 23380 JANICE AVE B5 |
| City-State-Zip: | PORT CHARLOTTE FL |

| | |
|-----------------|----------------------|
| Title | VP |
| Name | GIBSON, KEN |
| Address | 22 SOUTH VENICE BLVD |
| City-State-Zip: | VENICE FL 34293 |

I hereby 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 all other like empowered.

SIGNATURE: AMANDA MOORE

TREASURER

03/16/2017

Electronic Signature of Signing Officer/Director Detail_____
Date