

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000513

**FILED**  
**Apr 21, 2014**  
**Secretary of State**  
**CC4331344928**

**Entity Name:** WATER ENHANCEMENT & RESTORATION COALITION, INC.

**Current Principal Place of Business:**

12474 BRANTLY COMMONS COURT  
FORT MYERS, FL 33907

**Current Mailing Address:**

12474 BRANTLY COMMONS COURT  
FORT MYERS, FL 33907

**FEI Number: 01-0583932**

**Certificate of Status Desired: No**

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

FOREHAN, WALTER  
125 S. GADSDEN ST., STE. 300  
TALLAHASSEE, FL 32301 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 D  
Name PALMER, CARLA  
Address 6520 HIGHLAND PINES CIRCLE  
City-State-Zip: FORT MYERS FL 33912

Title D  
Name BARBER, RICK  
Address 7400 TAMIAMI TR. N. STE 200  
City-State-Zip: NAPLES FL 34108

Title D  
Name BAUER, MIKE  
Address 109 DEBRON DR  
City-State-Zip: NAPLES FL 34112

Title D  
Name BARRACO, CARL  
Address 2271 MCGREGOR BOULEVARD, #100  
City-State-Zip: FORT MYERS FL 33901

Title DTS  
Name ARNOLD, SHARON  
Address 12474 BRANTLY COMMONS COURT  
City-State-Zip: FORT MYERS FL 33907

Title D  
Name FIKOSKI, KIM  
Address 9990 COCONUT RD STE 200  
City-State-Zip: BONITA SPRINGS FL 34135

*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: SHARON ARNOLD**

**TREASURER**

**04/21/2014**

Electronic Signature of Signing Officer/Director Detail

Date