

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001063

**Entity Name:** MOBILE MANOR WATER COMPANY, INC.**Current Principal Place of Business:**150 LANTERN LANE  
NORTH FORT MYERS, FL 33917**Current Mailing Address:**150 LANTERN LANE  
NO. FT. MYERS, FL 33917 US**FEI Number: 13-4289228****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DAVIS, VAN  
C/O THE DAVIS GROUP  
4560 VIA ROYALE #1  
FT MYERS, FL 33919 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            PRESIDENT  
Name            WOJTANOWSKI, KIMBERLY  
Address        150 LANTERN LANE  
City-State-Zip: NORTH FORT MYERS FL 33917

Title            VP  
Name            FIELDS, ROBERT DAVE  
Address        150 LANTERN LANE  
City-State-Zip: NORTH FORT MYERS FL 33917

Title            TREASURER  
Name            WOTHERSPOON, LINDA  
Address        150 LANTERN LANE  
City-State-Zip: NORTH FORT MYERS FL 33917

Title            DIRECTOR  
Name            WOTHERSPOON, WILLIAM  
Address        150 LANTERN LANE  
City-State-Zip: NORTH FORT MYERS FL 33917

Title            DIRECTOR  
Name            DIRECTOR  
Address        150 LANTERN LANE  
City-State-Zip: NORTH FORT MYERS FL 33917

Title            DIRECTOR  
Name            DIRECTOR  
Address        150 LANTERN LANE  
City-State-Zip: NORTH FORT MYERS FL 33917

Title            SECRETARY  
Name            HORAN, JOHN  
Address        150 LANTERN LANE  
City-State-Zip: NORTH FORT MYERS FL 33917

Title            DIRECTOR  
Name            CARSON, RANDY  
Address        150 LANTERN LANE  
City-State-Zip: NORTH FORT MYERS FL 33917

**Continues on page 2**

*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: PAULINE M LACOURSE****OFFICE MANAGER****03/14/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	DIRECTOR
Address	150 LANTERN LANE
City-State-Zip:	NORTH FORT MYERS FL 33917