

2022 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 LACOURSE, PAUL
Address 150 LANTERN LANE
City-State-Zip: NORTH FORT MYERS FL 33917

Title VP
Name WOJITANOWSKI, KIMBERLY
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 MORRIS, CHARLES
Address 150 LANTERN LANE
City-State-Zip: NORTH FORT MYERS FL 33917

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

Title SECRETARY
Name LACOURSE, PAUL G
Address 150 LANTERN LANE
City-State-Zip: NORTH FORT MYERS FL 33917

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

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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 LACOURSE**OFFICE MANAGER****04/08/2022**

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