

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 705853 (0)**

1. Corporation Name

**St. Lucie Mutual Water Company, Inc.**

Principal Place of Business

**Chopin Miller & Yudenfreund  
440 Royal Palm Way  
Suite 200  
Palm Beach, FL 33480**

Mailing Address

**Chopin Miller & Yudenfreund  
440 Royal Palm Way  
Suite 200  
Palm Beach, FL 33480**

3. Date Incorporated or Qualified  
**07/03/63**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-1088002**

Applied For  
☐ Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**L. Frank Chopin  
440 Royal Palm Way; Suite 200  
Palm Beach, FL 33480**

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	<b>P/S/D</b> <input type="checkbox"/> DELETE
NAME	<b>Birdsall, John H. III</b>
STREET ADDRESS	<b>440 Royal Palm Way; Suite 200</b>
CITY - ST - ZIP	<b>Palm Beach, FL 33480</b>
TITLE	<b>VP/D</b> <input type="checkbox"/> DELETE
NAME	<b>Murphy, Norman</b>
STREET ADDRESS	<b>450 Royal Palm Way</b>
CITY - ST - ZIP	<b>Palm Beach, FL 33480</b>
TITLE	<b>AS/D</b> <input type="checkbox"/> DELETE
NAME	<b>Chopin, L. Frank</b>
STREET ADDRESS	<b>440 Royal Palm Way; Suite 200</b>
CITY - ST - ZIP	<b>Palm Beach, FL 33480</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>Cook, Richard C.</b>
STREET ADDRESS	<b>440 Royal Palm Way; Suite 200</b>
CITY - ST - ZIP	<b>Palm Beach, FL 33480</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407)655-9500  
Daytime Phone #

CR2E037 (12/95)