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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705853 (0)

1. Corporation Name

ST. LUCIE MUTUAL WATER COMPANY, INC.

Principal Place of Business

Mailing Address

440 ROYAL PALM WAY, SUITE 200
C/O CHOPIN MILLER & YUDENFREUND
PALM BEACH FL 33480440 ROYAL PALM WAY, SUITE 200
C/O CHOPIN MILLER & YUDENFREUND
PALM BEACH FL 33480-41793. Date Incorporated or Qualified
07/03/19633a. Date of Last Report
05/17/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

4. FEI Number
59-1088002Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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

CHOPIN, FRANK L.
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD ☐ DELETE
NAME BIRDSALL, JOHN H.
STREET ADDRESS 440 ROYAL PALM WAY, SUITE 200
CITY-ST-ZIP PALM BEACH FL 334801.1 TITLE ☒ Change ☐ Addition
1.2 NAME Birdsall, John H., III
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME MURPHY, NORMAN
STREET ADDRESS 450 ROYAL PALM WAY
CITY-ST-ZIP PALM BEACH, FL 02.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP Palm Beach, FL 33480TITLE ASD ☐ DELETE
NAME CHOPIN, FRANK L.
STREET ADDRESS 440 ROYAL PALM WAY, SUITE 200
CITY-ST-ZIP PALM BEACH FL 334803.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME COOK, RICHARD C.
STREET ADDRESS 440 ROYAL PALM WAY, SUITE 200
CITY-ST-ZIP PALM BEACH FL 334804.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0039456

CR2E037 (9/96)