

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **706886** (9)

1. Corporation Name

HUDSON WATER WORKS, INC.



Principal Place of Business

Mailing Address

**14309 OLD DIXIE HWY
HUDSON FL 34667**

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HUDSON FL 34667**

3. Date Incorporated or Qualified
02/25/1964

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1382465

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

**DETROY, MICHAEL
13635 STACEY DR.
HUDSON FL 34667**

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 **S** ☐ DELETE
NAME **RUFFER, NANCY**
STREET ADDRESS **7109 MCCRAY DR**
CITY-ST-ZIP **HUDSON FL**

TITLE **D** ☒ DELETE
NAME **PARMAN, WILLIAM**
STREET ADDRESS **13914 RAIE AVE**
CITY-ST-ZIP **HUDSON FL**

TITLE **T** ☐ DELETE
NAME **DETROY, MICHAEL**
STREET ADDRESS **13635 STACEY DR.**
CITY-ST-ZIP **HUDSON, FL 00000**

TITLE **D** ☐ DELETE
NAME **SIBLEY, ROY**
STREET ADDRESS **13931 MARGO VENUE**
CITY-ST-ZIP **HUDSON FL**

TITLE **D** ☐ DELETE
NAME **KNOWLES, KENNETH**
STREET ADDRESS **6829 HUDSON AVE.**
CITY-ST-ZIP **HUDSON FL**

TITLE **P** ☐ DELETE
NAME **MCCART, CRAIG**
STREET ADDRESS **14306 HENDRY CT.**
CITY-ST-ZIP **HUDSON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☐ Change ☒ Addition
1.2 NAME **JOHN MCINTYRE**
1.3 STREET ADDRESS **13621 CLAUDIA AVE.**
1.4 CITY-ST-ZIP **HUDSON, FL 34667**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **JOHN GARCIA**
2.3 STREET ADDRESS **13915 RAIE AVE.**
2.4 CITY-ST-ZIP **HUDSON, FL 34667**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 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 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, or on an attachment with an address.

SIGNATURE:

Michael De Troy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)