**FILE NOW: FILING FEE IS \$61.25** 

**NONPROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

HUDSON WATER WORKS, INC.										
Principal Plac	e of Business	Mailing Address				(\$\$\$)  \$\$! E\$\$!\$  (\$!\$) 40	III BUU PARA B	//D// B/B// <b>B</b> #B//	91911 01811 1981	
14309 OLD DIXIE HWY HUDSON FL 34867  14309 OLD DIXIE HWY HUDSON FL 34667-1133										
							porated or Qualified <b>5/1964</b>	3a. D	ate of Last F 01/31/1	Report <b>996</b>
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For S9-1382465 Not Applicable					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			E 0.00.00	of Status Desired	X		Additional	
22		27			5. Certificate	or status Desired		Fee R	Required	
City & State	e	City & State			I	ampaign Financing			) May Be	
23					+	Contribution			to Fees	
Zip	Country	Žip	<b>├</b> ¬			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24	25 9. Name and Address of Curr	29 29 Agent	30	30		Florida Statutes				
	o, many and more of the	The state of the s		81	Name	IV. Italiio dila	71001000 01 11011 1	- Caronou	regune	
	Y, MICHAEL			82	Street A	fress (P.O. Box Nur	mber is Not Accepta	able)		
	STACEY DR. N FL 34667			83						
110000			ŀ	84	City				<b>85</b> Zip	Code
								FL		
office or r	to the provisions of Sections 617.0 egistered agent, or both, in the St m familiar with, and accept the ob	502 and 617.1508, Florida Sta ate of Florida. Such change wa	tutes, the at is authorized	oove d by	-named the corp	poration submits that tion's board of dire	ils statement for the ectors. I hereby acc	⊭purpose c ept the ap <sub>f</sub>	oranging pointment a	its registered
agent. I a	m familiar with, and accept the ob	ligations of, Section 617.0503,	Florida Stati	utes			·			
SIGNATURE	Signature typed or printed name of registered		MIL 5			uited wher: reinstating)		DATE		
12.		AND DIRECTORS	13.	Age	nt signature	<del> </del>	CHANGES TO OFF		D DIRECTO	RS IN 12
TITLE	\$	DELETE	1.1 TIT	LF					Change	
NAME	RUFFER, NANCY	1.		1.2 NAME						
STREET ADDRESS	7109 MCCRAY DR	1.3 \$		1.3 STREET ADDRESS						
CITY-ST-ZIP	HUDSON FL		1.4 00	1.4 CITY-ST-ZIP						
TITLE	NV.P.	DELFTE	2.1 111	2.1 TITLE V		/ice Presid	dont		Change	☐ Addition
NAME	"Garcia, John		2.2 NA	ME						
STREET ADDRESS	13915 RAIE AVE		2.3 \$1	RE E 1	ADDRESS	Barcia, Joh		F		,
CITY-ST-ZIP	HUDSON FL		2.40	ITY-S	T - ZIP	3915 Raie	Ave. Huds	ion, Fi	L 34667	<b>′</b>
TITLE	T	☐ DELETE	3.1 111	LE		)irector			☐ Change	Addition
NAME	DETROY, MICHAEL		3.2 NA	ME		∖kins, Gary				
STREET ADDRESS	13635 STACEY DR.		3 <b>3 \$</b> T			603 Driftw	vood Dr.			
CITY-ST-ZIP	HUDSON, FL 00000					ludson, FL	34667			
TITLE	D	☐ DELETE	4 1 TIT	LE					☐ Change	Addition
NAME	SIBLEY, ROY		4 2 N							
STREET ADDRESS	13931 MARGO VENUE				ADDRESS					
CITY-ST-ZIP	HUDSON FL		4 4 Cl		1 - 7  <del>0</del>					1 1 1 1 1 1 1 1
TITLE	D KNOWLEG KENNETH	☐ DELETE	51 ]]]						L Change	Addition
NAME	KNOWLES, KENNETH		5.2 NA							
STREET ADDRESS	6829 HUDSON AVE.				AODRESS					
CITY-ST-ZIP	HUDSON FL	DELETE	5.4 CF		T-7IP				☐ Change	Addition
TITLE	P POCADT CDAIG	□ vereie	6.1 TITLE 6.2 NAMI						<u> — опанув</u>	☐ WOOHIOH
NAME CYDEET ADODESS	MCCART, CRAIG 14306 HENDRY CT.				A D D D F C C					
STREET ADORESS	HINGON FI		6.3 SI	REE!	ADDRESS					

1. 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, mean an attachment with an address.

**FILED** 

Jan 30 1997 8:00am

Secretary of State