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

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

707093

(1)

FILED									
May 18 1998 8:00am									
Secretary of State									

1. Corporatio	n Name	( - )			1					
FLORIDA WATER ENVIRONMENT ASSOCIATION, INC.										
Principal Place of Business Mailing Address						, saniti samit adili tadit balin tati	94 (1)? WIE?1 WIGHT	I SI I SI SI SI	1011 01011 1001	
1822 WATERBURY LANE ORANGE PARK FL 32073 US US US					3. Da	ate Incorporated or Qualified 04/01/1964	1			
					4. FE	I Number			oplied For	
_ <b>%</b>		T				23-7127443		Nc	ot Applicable	
21	Principal Place of Business 2e. Mailing Address 26				5. C	ertificate of Status Desired			Additional equired	
Suite, Apt. #, etc.						ection Campaign Financing		\$5.00 1		
27			<del></del>	Trust Fund Contribution Added to Fees						
City & State	City & State	же			7. Is this nonprofit corporation a homeowners association?					
Zip Zip	Country	28 Zip	Zip Country			∐ Yes X No				
24	25	F-1	30	,		iis corporation owes or has p ersonal Property Tax due Jur		-	angible No	
24)	9. Name and Address of Curren	29 t Registered Agent	30			ame and Address of New F			110	
			81	Name			g.c.c.c.r.g			
KADNEV	, PATRICK T		ļ						<u></u>	
	ATERBURY LANE		82	Street #	Address (P.O.	Box Number is Not Accept	able)			
	E PARK FL 32073		83	<del> </del>		<del></del>	·~			
Olvator	L I PARK I E 02070		L_							
]			84	City			FL	<b>85</b>   Zip (	Code	
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508. Florida Statute	s. the abov	e-named	corporation s	ubmits this statement for the	purpose of ch	 nanging it	ts registered	
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.										
	minar man, and addept the oblige	ations of, occion of 1.0300, 11c	inda otatote	э.					- 1	
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE	Registered Ag	ent signature	required when rein	istating)	DATE		—— I.	
12.	OFFICERS AND		13.		ADI	DITIONS/CHANGES TO OFF				
TITLE	ED	☐ DELETE	1.1 TITLE				L	] Change	Addition	
NAME	KARNEY, PATRICK T		1.2 NAME						;	
STREET ADDRESS	1822 WATERBURY LANE		1.3 STREET ADDRESS						ļi,	
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY-5	ST-ZIP				1		
TITLE	D DATE OF THE PARTY OF THE PART	☐ DELETE	2.1 TITLE	Į.			L	Change	Addition	
HAME	PICKARD, DAVID W.	•	2.2 NAME						į	
STREET ADDRESS				ADORESS					1	
CITY-ST-ZIP	TAMPA FL	Driete	2. 4 CITY -	ST-ZIP_		<del></del>		Charac	Addison	
TITLE	SP CHOMIC COSC	☐ DELETE	3.1 TITLE		VP		4.	Change	Addition	
NAME	CHOMIC, GREG 415 COUNTRY CLUB DRIVE		3.2 NAME						1	
STREET ADDRESS	WINTER PARK FL 32789		3.3 STREET	1					i	
CITY-ST-ZIP	V	DELETE	3.4. CITY-	SI-ZIP	-	- <del></del>		Change	Addition	
TITLE NAME	MUNKSGAARD, DONALD G.		4.1 TITLE 4. 2 Name	1	P		<b>A</b>	Change	LJ AGOILLON	
	1601 BELVEDERE ROAD STE	211	1							
STREET ADDRESS CITY-ST-ZIP	WEST PALM BEACH FL	411	4.3 STREET	i						
TITLE	D D	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE					Change	Addition	
NAME	FREDERICKS, DOUGLAS W.		5.2 NAME	1			_	,		
STREET ADDRESS	ONE TAMPA CENTER STE 17	50	5.3 STREET	ADDRESS					1	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-5				_			
TITLE	P	DELETE	6.1 TITLE	71 - 428	PP		<u> </u>	Change	Addition	
NAME	GUTRIDGE, SAM	<del></del>	6.2 NAME	1	1 (**					
STREET ADDRESS	1822 WATERBURY DR		6.3 STREET	ADDRESS					į	
CITY-ST-ZIP	ORANGE PARK FL 32073		6.4 CITY - S	- 1					1	
	pertify that the information supplied wi	th this filing does not qualify fo			d in Section 1	19.07(3)(i), Florida Statutes.	I further certif	y that the	information	

port 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 provide the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in a attachment with an address. indicated on this annual re officer or director of the co-Block 12 or Block 13 if cha

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR