

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707093

FILED  
Apr 15, 2004  
Secretary of State

Entity Name: FLORIDA WATER ENVIRONMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

1601 BELVEDERE ROAD  
SUITE 211 SOUTH  
WEST PALM BEACH, FL 33406 US

**New Principal Place of Business:**

**Current Mailing Address:**

1601 BELVEDERE ROAD  
SUITE 211 SOUTH  
WEST PALM BEACH, FL 33406 US

**New Mailing Address:**

FEI Number: 23-7127443      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MUNKSGAARD, DON G MR  
1601 BELVEDERE DRIVE  
SUITE 211 S  
WEST PALM BEACH, FL 33406 US

**Name and Address of New Registered Agent:**

LOTHROP, TOM MR  
5100 L.B. MCLEOD ROAD  
ORLANDO, FL 32811 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TOM LOTHROP

04/15/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: HARWARD, JOHN  
Address: 227 RUGBYRD  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: S/D ( ) Delete  
Name: REARDON, KEN  
Address: P.O. BOX 3506  
City-St-Zip: WEST PALM BEACH, FL 33402

Title: D ( ) Delete  
Name: DERNLAN, GARY  
Address: P.O. BOX 16097  
City-St-Zip: WEST PALM BEACH, FL 33416

Title: D ( ) Delete  
Name: LOTHROP, THOMAS L  
Address: 5100 L.B. MCLEOD ROAD  
City-St-Zip: ORLANDO, FL 32811

Title: V/D ( ) Delete  
Name: HELGESON, TOM  
Address: 225 NEWBURYPORT AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T/D ( ) Delete  
Name: VAITH, KART  
Address: 8659 BAYPINE ROAD, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KART VAITH

T

04/15/2004

Electronic Signature of Signing Officer or Director

Date