


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 707161</b> 1. Entity Name TAFT WATER ASSOCIATION, INC.	
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Principal Place of Business 1129 PINE STREET ORLANDO, FL 32824	Mailing Address 1129 PINE STREET ORLANDO, FL 32824
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01142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1052665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GUEST, ROBERT K 229 AMIDON LANE ORLANDO, FL 32809	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, types or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WISE, VICTOR 121 3RD STREET ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VALENTINE, CLEVIE 9864 4TH AVE. ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOMINY, ALLAN 9411 WALDSTRASSE CT ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, JAMES 9863 8TH AVE. ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROGERS, RICK 1127 2ND ST ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOHLER, DAVID 9404 WALDSTRASSE LN ORLANDO, FL 32824

**DO NOT WRITE  
IN THIS SPACE**

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01/25/05-80087-023 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> <u>Victor G. Wise</u> <u>Victor G. Wise</u> <u>01-14-05</u> <u>407 855-8712</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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