

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90040 050 ****61.25

DOCUMENT # 707161

1. Entity Name
TAFT WATER ASSOCIATION, INC.



Principal Place of Business
1129 PINE STREET
ORLANDO, FL 32824

Mailing Address
1129 PINE STREET
ORLANDO, FL 32824

50002451



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1052665

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUEST, ROBERT K
229 AMIDON LANE
ORLANDO, FL 32809

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Robert K. Guest

02/03/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WISE, VICTOR	
STREET ADDRESS	121 3RD STREET	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALENTINE, CLEVIE	
STREET ADDRESS	9864 4TH AVE.	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOMINY, ALLAN	
STREET ADDRESS	9411 WALDSTRASSE CT	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JAMES	
STREET ADDRESS	9863 8TH AVE.	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROGERS, RICK	
STREET ADDRESS	1127 2ND ST	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOHLER, DAVID	
STREET ADDRESS	9404 WALDSTRASSE LN	
CITY-ST-ZIP	ORLANDO, FL 32824	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith Dominy	
STREET ADDRESS	1226 Pine St	
CITY-ST-ZIP	Orlando Fl 32824	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Mohler	
STREET ADDRESS	9404 Waldstrasse Ln	
CITY-ST-ZIP	Orlando Fl 32824	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Mohler

Date

Daytime Phone #

2-28-06

401-855
8712