

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707506 (2)

1. Corporation Name

SUWANNEE WATER ASSOCIATION INC

Principal Place of Business

STATE HIGHWAY 349 SOUTH
P.O. BOX 143
SUWANNEE FL 32692

Mailing Address

STATE HIGHWAY 349 SOUTH
P.O. BOX 143
SUWANNEE FL 32692



3. Date Incorporated or Qualified
06/30/1964

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, CHARLES
WILLIAMS ST
SUWANNEE FL 32692**

81 Name

Tharpe, M.D. "Butch"

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

Carol St.

83

84 City

Suwannee

FL

85 Zip Code

32692

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **FARMER, NANCY**
STREET ADDRESS **CANAL STR**
CITY-ST-ZIP **SUWANNEE FL**

TITLE **D** ☒ DELETE
NAME **BROWN, SINOMA**
STREET ADDRESS **3925 NW 31 PL**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **STD** ☐ DELETE
NAME **BASS, ERIC O**
STREET ADDRESS **HALL PLACE**
CITY-ST-ZIP **SUWANNEE, FL 00000**

TITLE **DV** ☒ DELETE
NAME **NEWMAN, RICHARD**
STREET ADDRESS **HWY 349 SO**
CITY-ST-ZIP **SUWANNEE FL**

TITLE **D** ☒ DELETE
NAME **PEARCE, MELVIN**
STREET ADDRESS **ELOISE STR**
CITY-ST-ZIP **SUWANNEE FL**

TITLE **D** ☒ DELETE
NAME **WORDE, JERRY A**
STREET ADDRESS **LEON DRIVE**
CITY-ST-ZIP **SUWANNEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☒ Change ☐ Addition
1.2 NAME **Eggen, Fred O.**
1.3 STREET ADDRESS **Heath St.**
1.4 CITY-ST-ZIP **Suwannee, FL 32692**

2.1 TITLE **Director** ☒ Change ☐ Addition
2.2 NAME **Moore, Charles**
2.3 STREET ADDRESS **Williams St.**
2.4 CITY-ST-ZIP **Suwannee, FL 32692**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **Director - Vice** ☒ Change ☐ Addition
4.2 NAME **Wallace, Donald**
4.3 STREET ADDRESS **Leon Drive**
4.4 CITY-ST-ZIP **Suwannee, FL 32692**

5.1 TITLE **Director** ☒ Change ☐ Addition
5.2 NAME **Colbert, Kathy**
5.3 STREET ADDRESS **Carol St.**
5.4 CITY-ST-ZIP **Suwannee, FL 32692**

6.1 TITLE **Director** ☒ Change ☐ Addition
6.2 NAME **Weaver, Bill**
6.3 STREET ADDRESS **Sandy St.**
6.4 CITY-ST-ZIP **Suwannee, FL 32692**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/96

Date

352-542-7570

Daytime Phone #

CR2E037 (12/95)