

5-9-97 B-6861  
FILE NOW: FILING FEE IS \$61.25

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May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **707677** (1)

1. Corporation Name

**STEINHATCHEE WATER ASSOCIATION INC**

Principal Place of Business

Mailing Address

**1313 1ST AVE. S.E.  
P. O. BOX 670  
STEINHATCHEE FL 32359  
US**

**1313 1ST AVE SE  
P. O. BOX 670  
STEINHATCHEE FL 32359-0670  
US**



3. Date Incorporated or Qualified  
**08/06/1964**

3a. Date of Last Report  
**02/26/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

**59-1150325**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAXTER, HUBBARD T.  
1313 1ST AVE SE  
STEINHATCHEE FL 32359**

81 Name

**CURTIS, G. DAVID**

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

**P.O. Box 900**

83 City

**1200 RIVERBIDE DR SE**

84 City

**STEINHATCHEE**

**FL**

85 Zip Code

**32359**

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

**G. DAVID CURTIS**

**G. DAVID CURTIS III**

**PRESIDENT**

**4-25-97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **WILLIAMS, ALBERT**  
STREET ADDRESS **STAR ROUTE, BOX 2**  
CITY-ST-ZIP **STEINHATCHEE FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE  
NAME **LUNDY, BOBBY**  
STREET ADDRESS **P.O. BOX 828**  
CITY-ST-ZIP **STEINHATCHEE FL**

2.1 TITLE **SEC** ☒ Change ☒ Addition  
2.2 NAME **MARILYN CARMICHAEL**  
2.3 STREET ADDRESS **1719 STOKES LN NE**  
2.4 CITY-ST-ZIP **STEINHATCHEE, FL 32359**

TITLE **VP** ☐ DELETE  
NAME **REED, BROWARD**  
STREET ADDRESS **P.O. BOX 15, NA**  
CITY-ST-ZIP **STEINHATCHEE FL**

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

TITLE **D** ☐ DELETE  
NAME **JOHNSON, JAMES E**  
STREET ADDRESS **P.O. BOX 808 N/A**  
CITY-ST-ZIP **STEINHATCHEE FL**

4.1 TITLE **D** ☒ Change ☐ Addition  
4.2 NAME **HENRY GARCIA**  
4.3 STREET ADDRESS **134 1ST AVE SE**  
4.4 CITY-ST-ZIP **STEINHATCHEE, FL 32359**

TITLE **D** ☐ DELETE  
NAME **CURTIS, DAVID**  
STREET ADDRESS **P.O. BOX 900 NA**  
CITY-ST-ZIP **STEINHATCHEE FL**

5.1 TITLE **PRES** ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS **1200 RIVERBIDE DR SE**  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **BAXTER, HUBBARD T**  
STREET ADDRESS **P.O. BOX 504 N/A**  
CITY-ST-ZIP **STEINHATCHEE FL**

6.1 TITLE **D** ☒ Change ☐ Addition  
6.2 NAME **William MOHRING**  
6.3 STREET ADDRESS **808 RIVERBIDE DR SE**  
6.4 CITY-ST-ZIP **STEINHATCHEE, FL 32359**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**G. DAVID CURTIS III**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-97**  
Date

**352-498-7159**  
Daytime Phone # 0009236

CR2037 (9/96)