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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707677

1. Corporation Name

STEINHATCHEE WATER ASSOCIATION INC

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

08/06/1964

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

9. Name and Address of Current Registered Agent

CURTIS, G D
P O BOX 900
1200 RIVERSIDE DR SE
STEINHATCHEE FL 32359

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 WILLIAMS, ALBERT
STREET ADDRESS STAR ROUTE, BOX 2
CITY-ST-ZIP STEINHATCHEE FL

TITLE SEC ☒ DELETE

NAME CARMICHAEL, MARILYN
STREET ADDRESS 1719 STOKES LN NE
CITY-ST-ZIP STEINHATCHEE FL

TITLE VP ☐ DELETE

NAME REED, BROWARD
STREET ADDRESS P.O.BOX 15, NA
CITY-ST-ZIP STEINHATCHEE FL

TITLE D ☐ DELETE

NAME GARCIA, HENRY
STREET ADDRESS 134 1ST AVE SE
CITY-ST-ZIP STEINHATCHEE FL

TITLE P ☐ DELETE

NAME CURTIS, DAVID
STREET ADDRESS 1200 RIVERSIDE DR SE
CITY-ST-ZIP STEINHATCHEE FL

TITLE D ☐ DELETE

NAME MOEHRING, WILLIAM
STREET ADDRESS 803 RIVERSIDE DR SE
CITY-ST-ZIP STEINHATCHEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
MARK REBLIN
1312 RIVERSIDE DR SE / P.O. Box 196
STEINHATCHEE, FL 32359

SEC

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99

Date

352-498-3576

Daytime Phone #

CR2E037 (11/98)