


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 8:00 am
Secretary of State

01-16-2004 90011 018 ****61.25

DOCUMENT # 707677 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1150325			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CURTIS, G D P O BOX 900 1200 RIVERSIDE DR SE STEINHATCHEE, FL 32359			Name Street Address (P.O. Box Number is Not Acceptable) 211 Hwy 51 NE City <div style="text-align: right;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ALBERT STAR ROUTE, BOX 2 STEINHATCHEE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM G. COOPER 2 7TH ST NE STEINHATCHEE FL 32359
TITLE NAME STREET ADDRESS CITY-ST-ZIP D REBLIN, MARK 1312 RIVERSIDE DRIVE SE, P O BOX 196 STEINHATCHEE, FL 32359		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD REED, BROWARD P.O.BOX 15, NA STEINHATCHEE, FL		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP STD GARCIA, HENRY 134 1ST AVE SE STEINHATCHEE, FL		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD CURTIS, DAVID 1200 RIVERSIDE DR SE STEINHATCHEE, FL		<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 211 Hwy 51 NE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DESMARIS, PETER 325 3RD AVE. N.W. STEINHATCHEE, FL 32359		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: <u>David Curtis</u> DAVID CURTIS					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1-6-03 352-498-3576 <small>Date Daytime Phone #</small>	