

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90540 031 ****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

Not Applicable

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, ALBERT	
STREET ADDRESS	STAR ROUTE, BOX 2	
CITY-ST-ZIP	STEINHATCHEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REBLIN, MARK	
STREET ADDRESS	1312 RIVERSIDE DRIVE SE, P O BOX 196	
CITY-ST-ZIP	STEINHATCHEE FL 32359	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	REED, BROWARD	
STREET ADDRESS	P.O.BOX 15, NA	
CITY-ST-ZIP	STEINHATCHEE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GARCIA, HENRY	
STREET ADDRESS	134 1ST AVE SE	
CITY-ST-ZIP	STEINHATCHEE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CURTIS, DAVID	
STREET ADDRESS	1200 RIVERSIDE DR SE	
CITY-ST-ZIP	STEINHATCHEE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ARCHER, JOHN	
STREET ADDRESS	411 KINGS CREEK CIRCLE	
CITY-ST-ZIP	STEINHATCHEE FL 32359	

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	STD	<input checked="" 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER DESMARAI	
STREET ADDRESS	325 3RD AVE NW	
CITY-ST-ZIP	STEINHATCHEE FL 32359	

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: *DAVID CURTIS* **DAVID CURTIS**

1-16-03 352-498-3576

CR2E037 (10/02)