

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716309

FILED
Jan 03, 2012
Secretary of State

Entity Name: FLORAL CITY WATER ASSOCIATION, INC.

Current Principal Place of Business:

8189 S FLORIDA AVE
FLORAL CITY, FL 34436 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 597
SOUTH HIGHWAY 41
FLORAL CITY, FL 34436 US

New Mailing Address:

FEI Number: 59-1320143 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JUDD, GARY
8189 S. FLORIDA AVENUE
FLORAL CITY, FL 34436 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: BASS, RICHARD
Address: 10333 E. GOBBLER DR
City-St-Zip: FLORAL CITY, FL 34436

Title: P
Name: GOOCH, MIKE
Address: P.O. BOX 924
City-St-Zip: FLORAL CITY, FL 34436

Title: T
Name: DONNELLY, BARBARA
Address: P.O. BOX 564
City-St-Zip: FLORAL CITY, FL 34436

Title: D
Name: RAMSAY, BARBARA
Address: 8961 WATERVIEW DRIVE
City-St-Zip: FLORAL CITY, FL 34436

Title: V
Name: IRONS, EDWARD
Address: 11749 E. HAWK LN.
City-St-Zip: FLORAL CITY, FL 34436

Title: D
Name: GALLAGHER, MARCIA
Address: 10610 E. GOBBLER DRIVE
City-St-Zip: FLORAL CITY, FL 34436

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA DONNELLY

T

01/03/2012

Electronic Signature of Signing Officer or Director

Date