## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#716460**

FILED Jan 15, 2009 Secretary of State

Entity Name: AUBURN WATER SYSTEM, INC.

		of Business:	New Principal Plac	e of business.	
	CKE LANE EW, FL 32536				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	CKE LANE EW, FL 32536				
El Number	r: 59-1368568	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
lame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
3236 TWII	EAD, DONALD LIGHT DR EW, FL 32539	US			
	·				
	e named entity s e of Florida.	ubmits this statement for the pเ	urpose of changing its register	ed office or registered agent, or both	
SIGNATU					
	Electroni	c Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
itle: ame:	V () KEARLEY, JOSE	Delete EPH M	Title: Name:	( ) Change ( ) Addition	
ddress:	3023 ADAMS RE CRESTVIEW, FL		Address: City-St-Zip:		
ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip:	3023 ADAMS RE CRESTVIEW, FL	. 32536 Delete PL		()Change ()Addition	
ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip: tle: ame: ddress:	3023 ADAMS RECRESTVIEW, FL	. 32536  Delete  L . 32539  Delete  DRIC  N DR	City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip:	3023 ADAMS RECRESTVIEW, FL	. 32536 Delete PL . 32539 Delete DRIC N DR . 32539 Delete ONALD DR	City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address:		
ddress: ity-St-Zip: itle: ame: ddress:	3023 ADAMS RECRESTVIEW, FL	. 32536 Delete PL . 32539 Delete DRIC N DR . 32539 Delete ONALD DR . 32539 Delete	City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address: Address:	( ) Change( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONALD CADENHEAD P 01/15/2009