


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90066 004 ****70.00

DOCUMENT # 718237 1. Entity Name EL JOBEAN WATER ASSOCIATION, INC.					
Principal Place of Business 14410 PAMBAR RD P.O. BOX 27149 EL JOBEAN, FL 33927 US			Mailing Address P.O. BOX 27149 P.O. BOX 27149 EL JOBEAN, FL 33927 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1459468	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EDWARDS, MARY L 3587 GILLOT BLVD PT CHARLOTTE, FL 33981				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 <u>Mary L Edwards</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>3-20-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LETHEICQ, FRANCES		NAME	D Donald Hughes	
STREET ADDRESS	4234 OAK TERRACE CR.		STREET ADDRESS	4163 Hollis	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		CITY-ST-ZIP	Port Charlotte, FL 33953	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERSON, DAVID		NAME	D Wilder Scott	
STREET ADDRESS	3895 BRAVO		STREET ADDRESS	3453 Gainsboro	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		CITY-ST-ZIP	Port Charlotte, FL 33953	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHROUT, RIP		NAME		
STREET ADDRESS	14444 NEWCOMB RD		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTWEIN, JIM		NAME		
STREET ADDRESS	3599 ROSEMER		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, THAD		NAME		
STREET ADDRESS	3438 GAINSBORO RD		STREET ADDRESS		
CITY-ST-ZIP	EL JOBEAN, FL 33927		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Rip ShROUT</u> President				3-20-08 941-625-5548	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	