

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718237

FILED  
Mar 09, 2010  
Secretary of State

**Entity Name:** EL JOBEAN WATER ASSOCIATION, INC.

**Current Principal Place of Business:**

14410 PAMBAR RD  
PORT CHARLOTTE, FL 33953 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 27149  
EL JOBEAN, FL 33927 US

**New Mailing Address:**

**FEI Number:** 59-1459468

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

EDWARDS, MARY L  
3587 GILLOT BLVD  
PT CHARLOTTE, FL 33981 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: ST  
Name: HUGHES, DON  
Address: 4163 HOLLIS AVE  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: VP  
Name: ESPOSITO, FRANK  
Address: 3688 STOCKTON RD  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: P  
Name: SHROUT, RIP  
Address: 14444 NEWCOMB RD  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D  
Name: HALE, ELI  
Address: 14400 PAMBAR RD  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D  
Name: ALBRITTON, LARRY  
Address: 4187 HOLLIS  
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D  
Name: LETHIECQ, FRANCES  
Address: 4234 OAK TERRACE CR  
City-St-Zip: PORT CHARLOTTE, FL 33953

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: RIP SHROUT

PRES

03/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date