

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718237

FILED
Mar 14, 2012
Secretary of State

Entity Name: EL JOBEAN WATER ASSOCIATION, INC.

Current Principal Place of Business:

14410 PAMBAR AVE
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
14410 PAMBAR AVE
PT CHARLOTTE, FL 33953 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: VP
Name: HUGHES, DON
Address: 4163 HOLLIS AVE
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: ST
Name: GAGNON, MARY
Address: 3562 KENNETH
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 AVE
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D
Name: WELSH, VICTOR
Address: 4144 HOLLIS
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D
Name: BIDDLE, FRED
Address: 3677 STOCKTON
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

03/14/2012

Electronic Signature of Signing Officer or Director

Date