2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2009
Secretary of State

DOCUMENT# 726935

Entity Name: SOUTH DUNNELLON WATER ASSOCIATION, INC.

Current Principal Place of Business:

1910 TEST CT
DUNNELLON, FL 34434 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 608
DUNNELLON, FL 344300608 US

New Mailing Address:

FEI Number: 59-3602999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCLENDON, ZOE G
1529 J WILLIAMS LANE
DUNNELLON, FL 34431 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:	VD	( ) Delete
Name:	CHESTEEN, LARRY	
Address:	12452 N LEFANT TERR	
City-St-Zip:	DUNNELLON, FL 34434	
Title:	TD	( ) Delete
Name:	MCLENDON, ZOE GAIL	
Address:	1529 J WILLIAMS LANE	
City-St-Zip:	DUNNELLON, FL 34431 US	
Title:	SD	( ) Delete
Name:	THOMAS, DENNIS	
Address:	12490 N WATER WAY	
City-St-Zip:	DUNNELLON, FL 34433	
Title:	D	( ) Delete
Name:	FERNANDEZ, LINDA	
Address:	VILLA #2 WATERWAY	
City-St-Zip:	DUNNELLON, FL 34433	
Title:	D	( ) Delete
Name:	MELLS, AMIE MRS	
Address:	1698 NAT TURNER LN	
City-St-Zip:	DUNNELLON, FL 34434	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MELLS, ANNIE M MRS	
Address:	1698 NAT TURNER LN	
City-St-Zip:	DUNNELLON, FL 34434	

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: ZOE GAIL MCLENDON PRES 05/29/2009

Electronic Signature of Signing Officer or Director — Date