

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **737072** (9)

1. Corporation Name

CALUSA WATERWORKS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**KOLB ROAD LOT 10 BLK A
P.O. BOX 282
ARIPEKA FL 34679**

**KOLB ROAD LOT 10 BLK A
P.O. BOX 282
ARIPEKA FL 34679-0282**



3. Date Incorporated or Qualified
10/19/1976

3a. Date of Last Report
03/08/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2949939

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, MARIA
18737 JEBERT DR.
ARIPEKA FL 34679**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
WHITE, ROYE E.**
STREET ADDRESS **18430 ARIPEKA RD.**
CITY-ST-ZIP **ARIPEKA FL**

TITLE ☐ DELETE

NAME **VD
COTTON, THOMAS**
STREET ADDRESS **9932 GIRARD DR.**
CITY-ST-ZIP **ARIPEKA FL**

TITLE ☐ DELETE

NAME **DV
GULA, CAROL**
STREET ADDRESS **18941 ROSEMARY RD.**
CITY-ST-ZIP **ARIPEKA FL**

TITLE ☐ DELETE

NAME **S
ROBINSON, ELLA MAE**
STREET ADDRESS **18800 ARIPEKA RD BOX 92**
CITY-ST-ZIP **ARIPEKA FL**

TITLE ☐ DELETE

NAME **TD
WHITE, MARIE**
STREET ADDRESS **18737 JEBERT DR**
CITY-ST-ZIP **ARIPEKA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maria White* MARIA White 3-6-97 813-868-5835

CR2E037 (9/96)