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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737072** (9)

1. Corporation Name

CALUSA WATERWORKS ASSOCIATION, INC.



Principal Place of Business KOLB ROAD LOT 10 BLK A P.O. BOX 282 ARIPEKA FL 34679	Mailing Address KOLB ROAD LOT 10 BLK A P.O. BOX 282 ARIPEKA FL 34679
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3. Date Incorporated or Qualified

10/19/1976

4. FEI Number

59-2949939

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ 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

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, MARIA**
STREET ADDRESS **18737 JEBERT DR**
CITY-ST-ZIP **ARIPEKA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **VP
JAMES OSBORNE**
2.3 STREET ADDRESS **18928 JEBERT DR.**
2.4 CITY-ST-ZIP **ARIPEKA, FL 34679**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **DV
NANCY NORFLEET**
3.3 STREET ADDRESS **18920 ROSEMARY RD.**
3.4 CITY-ST-ZIP **ARIPEKA FL 34679**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **S
CAROL GULA**
4.3 STREET ADDRESS **18941 ROSEMARY RD**
4.4 CITY-ST-ZIP **ARIPEKA FL 34679**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-98

813-869-5835

CR2E037 (10/97)