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**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90071 028 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 737072**

1. Corporation Name

**CALUSA WATERWORKS ASSOCIATION, INC.**

174391 - 90071 - 28

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/19/1976

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

9. Name and Address of Current Registered Agent

WHITE, MARIA  
18737 JEBERT DR.  
ARIPEKA FL 34679

10. Name and Address of New Registered Agent

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

TITLE VD  
NAME OSBORNE, JAMES  
STREET ADDRESS 18928 JEBERT DR  
CITY-ST-ZIP ARIPEKA FL 34679

TITLE DV  
NAME NORFLEET, NANCY  
STREET ADDRESS 18920 ROSEMARY RD  
CITY-ST-ZIP ARIPEKA FL 34679

TITLE S  
NAME GULA, CAROL  
STREET ADDRESS 18941 ROSEMARY RD  
CITY-ST-ZIP ARIPEKA FL 34679

TITLE TD  
NAME WHITE, MARIA  
STREET ADDRESS 18737 JEBERT DR  
CITY-ST-ZIP ARIPEKA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

*Maria White*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-99 127-869-5835

CR2E037 (1/98)