1. Entity Name

CALUSA WATERWORKS ASSOCIATION, INC.

DOCUMENT # 737072

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	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	,

FILED Mar 05, 2001 8:00 am Secretary of State

03-05-2001 90290 019 ****61.25

U 1) U M U U U V --



Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN T			SPACE			
City & State City & State				4. FEI Numbe	4. FEI Number 59-2949939				
7:	Country	Zip	Col	untry			\$8.75 Ad	ot Applicable	
Zip	Country	ZIP		unitry	5. Certificate	of Status Desired	Fee Require		
	6. Name and Address of Current F		7. Name and Address of New Registered Agent						
				Name 4	Sylvia C.	Blevins			
WHITE, MARIA				Street Address (P.O. Box Number is Not Acceptable)					
18737 JE				18	GIA KOSE	emary Ln.			
ARIPEKA									
7 4 110 4 10 1				City	ripeKA	FL	- Zip Coc 346	na	
8 The above	named entity submits this statement for	the purpose of changing it	s register	ed office or red			1010		
u. The above	1/1	7 / 1	o rogioto,	00 000	9,0.0.00.00	,, ,, , , , , , , , , , , , , , , , , ,			
	Illing L. K	<i>V.</i>				2 22	-01		
SIGNATURE.	Signature yead or printed name of registered agent a	dom-	TE: Bogistors	ard Accost pionothuro re	equired when reinstating)	2-27 DATE	<u>- 01</u>		
	Signature lyped or printed name of registered agent a	to the II applicable. (190	TE Hogister	O Agent algalatere re	-				
	FILE NOW.	9. Election Campaig	n Einano	ina d	NE 00	Make Check	Davable t	•	
	FILE NOW: FEE IS \$61.25	Trust Fund Contri	•	ب ہ سے ب	\$5.00 May Be Added to Fees	Departmen		٠,	
	; EL 13 401.23								
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHA	NGES TO OFFICERS AND D	IRECTORS I		
TITLE	PD	Delete	TITL		t.		Change	Addition	
NAME	WHITE, ROYE E.		NAM	_				′	
STREET ADDRESS	18430 ARIPEKA RD.			EET ADDRESS 1-ST-ZIP					
CITY-ST-ZIP	ARIPEKA FL					·······	☐ Change	☐ Addition	
TITLE NAME	VD OSBORNE, JAMES	☐ Delete	· TITL NAM					☐ Addition	
STREET ADDRESS	18928 JEBERT DR			EET ADDRESS					
CITY-ST-ZIP	ARIPEKA FL 34679	The second of the second	project in	Y-ST-ZIP	هيجي بي مطابح ه	, e e e e e e e e e e e e e e e e e e e	- 1 	~ ~, * '	
TITLE	DV	☐ Delete	TITE	.E			☐ Change	Addition	
NAME	NORFLEET, NANCY		NAM	AE					
STREET ADDRESS	3139 GULF	/		EET ADDRESS				ļ	
CITY-ST-ZIP	ARIPEKA FL 34679			Y-ST-ZIP					
TITLE	S .	☐ Delete	TITL	I .			Change	☐ Addition	
NAME CERTAININGS	GULA, CAROL		NAM	ME EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	18941 ROSEMARY RD ARIPEKA FL 34679			Y-ST-ZIP					
TITLE	TD	Delete	TITL		0 -	1 1 1 1	Change	☐ Addition	
NAME	WHITE, MARIA	Delete	NAN.	AE L	Blevins, S 8812 Ros	YIVIAL.			
STREET ADDRESS	18737 JEBERT DR			EET ADDRESS	8812 ROE	iemary hn			
CITY-ST-ZIP	ARIPEKA FL		CIT	Y-ST-ZIP	AripeKA,	F1.34679			
TITLE		☐ Delete	TITL				☐ Change	☐ Addition	
NAME			NAM	I					
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CIT	Y-ST-ZIP					
40 16	الطفاري المرمزا والمرابي والمرافع ومراجع فالمراجع والمراجع والمراع والمراجع والمراجع والمراجع والمراجع والمراع والمراع والمراجع و	the facilities of a second account the city	ar tha ave	hatata maitmen	in Conting 110 07/2)/i	\ Elorida Statutos I further ec	wife that the	information	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

2-27-01

861-2830