

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90226 016 \*\*\*\*61.25

**DOCUMENT # 737072**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2949939**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BLEVINS, SYLVIA C  
18812 ROSEMARY LANE  
ARIPEKA FL 34679**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WHITE, ROYE E.	
STREET ADDRESS	18430 ARIPEKA RD.	
CITY-ST-ZIP	ARIPEKA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OSBORNE, JAMES	
STREET ADDRESS	18928 JEBERT DR	
CITY-ST-ZIP	ARIPEKA FL 34679	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NORFLEET, NANCY	
STREET ADDRESS	3139 GULF	
CITY-ST-ZIP	ARIPEKA FL 34679	
TITLE	S	<input type="checkbox"/> Delete
NAME	GULA, CAROL	
STREET ADDRESS	18941 ROSEMARY RD	
CITY-ST-ZIP	ARIPEKA FL 34679	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BLEVINS, SYLVIA C	
STREET ADDRESS	18812 ROSEMARY LANE	
CITY-ST-ZIP	ARIPEKA FL 34679	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *Sylvia C. Blevins* **SIGNATURE REQUIRED C. Blevins 1-8-03 727-861-2830**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)