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Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737376** (4)

1. Corporation Name

FLORIDA AQUATIC PLANT MANAGEMENT SOCIETY, INCORPORATED

Principal Place of Business

Mailing Address

2002 E MICHIGAN ST
ORLANDO FL 32806
US

PO BOX 560700
ORLANDO FL 32856
US



3. Date Incorporated or Qualified

11/24/1976

4. FEI Number

59-2108135

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KESHAV V SETARAM
2002 E MICHIGAN ST
ORLANDO FL 32806

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 **P** ☐ DELETE
NAME **FRANCOIS LAROCHE**
STREET ADDRESS **3301 GUN CLUB RD**
CITY-ST-ZIP **WEST PALM BCH FL**

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

TITLE **P** ☒ DELETE
NAME **FELLER, ERNIE**
STREET ADDRESS **80 S. HOAGLAND BLVD**
CITY-ST-ZIP **KISSIMMEE FL**

2.1 TITLE **PRESIDENT ELECT "P"** ☐ Change ☒ Addition
2.2 NAME **JIM BREWER**
2.3 STREET ADDRESS **P.O. BOX 6006**
2.4 CITY-ST-ZIP **VERO BEACH, FL 32961 N/A**

TITLE **D** ☐ DELETE
NAME **HARRIS EDWARD**
STREET ADDRESS **5882 S SEMORAN BLVD**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **ROGERS, JOHN**
STREET ADDRESS **8302 LAUREL FAIR CIR**
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **LANGELAND, KEN**
STREET ADDRESS **7922 NW 71ST STREET**
CITY-ST-ZIP **GAINESVILLE FL 32606**

5.1 TITLE **JUDY LUDLOW** ☐ Change ☒ Addition
5.2 NAME **2051 E. Dirac Dr**
5.3 STREET ADDRESS **Tallahassee, FL 32310**
5.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **SETARAM, KESHAV**
STREET ADDRESS **2002 E. MICHIGAN STREET**
CITY-ST-ZIP **ORLANDO FL**

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: **KESHAV SETARAM** *Keshav Setaram* 1/12/97 407836-7422

CR2E037 (10/97)