

FILE NOW: FILING FEE IS \$61.25

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Jan 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 740725 (7)**

1. Corporation Name

**FLORIDA WATERWORKS ASSOCIATION, THE FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF WATER COMPANIES**

Principal Place of Business	Mailing Address
2548 BLAIRSTONE PINES P.O. BOX 4268 TALLAHASSEE FL 32301 US	POST OFFICE BOX 4268 TALLAHASSEE FL 32315-4268 US

2. Principal Place of Business	2a. Mailing Address
21 2548 Blairstone Pines Dr. Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 Tallahassee, Florida City & State	27 City & State
23 32301 (Talh., FL) Zip	28 Country
24 32301 Country	29 Zip
25 U.S.A.	30 Country

3. Date Incorporated or Qualified 11/08/1977	3a. Date of Last Report 01/26/1996
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4. FEI Number 59-1086752	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

ROSE, R.M.C.  
2548 BLAIRSTONE PINES DR  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	TEASLEY, KARLA OLSON
STREET ADDRESS	1000 COLOR PLACE
CITY-ST-ZIP	APOKA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MARTIN, J. PETER
STREET ADDRESS	101 NW 202 TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	HOFFMAN, KENNETH
STREET ADDRESS	215 S MONROE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BRADTMILLER, PAUL
STREET ADDRESS	4837 SWIFT ROAD 100
CITY-ST-ZIP	SARASOTA FL
TITLE	P <input type="checkbox"/> DELETE
NAME	MOORE, JAMES W.
STREET ADDRESS	P.O. BOX 350, GULF UTILITY CO
CITY-ST-ZIP	ESTERO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JAMES, H.R.
STREET ADDRESS	1300 GULF LIFE DR
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHARLES FANCHER
2.3 STREET ADDRESS	2601 S. BAYSHORE DR.
2.4 CITY-ST-ZIP	MIAMI, FL 33133
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GERALD ALLEN
4.3 STREET ADDRESS	4837 SWIFT ROAD, # 100
4.4 CITY-ST-ZIP	SARASOTA, FL 34231
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DONALD RASMUSSEN
6.3 STREET ADDRESS	200 WEATHERSFIELD AVE.
6.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: Janet B. Erwin Executive Secretary P.O. Box 4268 1-3-97 (904) 878-4399

CR2E037 (9/96)