NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 740725

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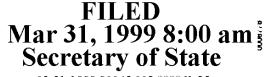
FLORIDA WATERWORKS ASSOCIATION, THE FLORIDA CHAP TER OF THE NATIONAL ASSOCIATION OF WATER COMPANI

Principal Place of Business
2548 BLAIRSTON PINES DR
TALLAHASSEE FL 32301
US

Mailing Address

PO BOX 4268

TALLAHASSEE FL 32315



03-31-1999 90045 002 ****61.25

2. Principal Pl	lace of Business	2a. Mailin						porated or Qua	lifed		
4		26 254	8 Blac	irston	e Pines	s	11/08/1	977			
Suite, Apt.	#, etc.		Apt. #, etc.		<u></u>	4	FEI Numb			App	olied For
,		27 Ta	llahas	see.	FL		59-1086	752		Not	Applicable
City & Stat	е		State	1.5 (1.7)	<u> </u>					\$8.75 A	dditional
¬ '	_		2301			٥	. Certificate	of Status Desire	ed 🗆	Fee Re	quired
Zip	Country	Zip	, 30.	Co	ountry		Flection C	ampaign Finan	cina —	\$5.00	May Re
) ² 'P				30	UŚ	"		Contribution	cuia 🗆	Added to	•
<u> </u>	9. Name and Address of Current R	29	Scont	30		10		Address of N	lew Registere		
	5. Name and Address of Current N	agistered /	-gent		81 Name		<u> </u>	1	<u>.</u>		
					[Trailie	F. N	1. Де	terdi	n g		
ROSE, R.I	M.C.				82 Street	Address (P.O. Box Nu	mber is Not Ac	ceptable)		
2548 BLA	IRSTONE PINES DR							<u> </u>	·		
TALLAHAS	SSEE FL 32301				83	254	18 BI	airston	o Pi	nes D	r.
1,422,441					24 -01	42-	וע מ	411310	10 11	. 85 Zip C	
					84 City	T3 1	laha	155ee	F	L 3 3 2	301
44 Oursuget	to the provisions of Sections 617 0502 s	nd 617 150	8 Florida Sta	tutes.	above-pamed	corporation	on submits t	nis statement fo			
office or r	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with and accept the obligation	Florida, Suc	n change wa	s authoriz	ed by the corpo	oration's t	oard of dire	ctors. I hereby	accept the app	ointment as reg	jistered
agent. I a	m familiar with and accept the obligation	1526, Spection	on 617./1503	Flafida St	atutes.			3/	100		
SIGNATURE			Nn					-/25	/ 7 / DATE		
	Signature, typed or printed series of registered agent ar				ed Agent signature n	required when		NOUNNOES TO		AND DIRECTO	RS IN 12
12.	OFFICERS AND	DIRECTOR		$\sqrt{}$			ADDITION	OCHANGES I	J OFFICERS A	Change	Addition
TITLE	P		DELETE	1.1	TITLE	P	_	_		Change	L_I Addition
NAME	PERRY, JAMES		_	1.2	NAME	Per	ry, J	ames			
STREET ADDRESS	2 UTILITY DRIVE			1.3	STREET ADDRESS	100	o Cole	ames r Plac	e		
CITY-ST-ZIP	PALM COAST FL 32137			1.4	CITY-ST-ZIP	Ape	oka.	FL .	32703		
TITLE	D		☐ DELETE	2.1	TITLE	1				Change	Addition
	ABBERGER, LESTER		_	22	NAME						
NAME											
STREET ADDRESS					STREET ADDRESS	1					
CITY-ST-ZIP	TALLAHASSEE FL 32303				CITY-ST-ZIP	ļ				[36baana	- Addition
TITLE -	.0-≠ ÷-		☐ DELETE	3.1	TITLE	-		•		Change	Addition
NAME	JAMES, H R			3.2	NAME						
STREET ADDRESS	1300 RIVERPLACE BLVD., #612			3.3	STREET ADDRESS			_			
CITY-ST-ZIP	JACKSONVILLE FL 32207			3.4	. CITY-ST-ZIP						
TITLE	V		DELETE		TITLE	D	_		•	Change	Addition
NAME	ALLEN, GERALD		• •	4 2	NAME	Wat	ford. S	itephen			-
					STREET ADDRESS	A 5 14	L Ala	itephen ha Pla	ce		
STREET ADDRESS											
CITY-ST-ZIP	SARASOTA FL 34231		CA process		CITY-ST-ZIP	Holi	aay,	<u> L⊢ 9.</u>	1691	Change	Addition
TITLE	D		DELETE		TITLE	D	•	~		□ cuange	M. Andrigo:
NAME	MOORE, JAMES W.				NAME	Rasi	musser	, Don	A		
STREET ADORESS	PO BOX 350, GULF UTILITY (N/A))		5.3	STREET ADDRESS	200	Weath	ersfield	AVE.	4	
CITY-ST-ZIP	ESTERO FL 33925			5.4	CITY-ST-ZIP	Alta	monte	. Sprin	RS, FL	32714	
TITLE	D	***	⊠ DELETE	6.1	TITLE	Exec	· Secre	tary	.,	Change	Addition
NAME	REEVES, A A		- -	6.2	NAME		IN, IT				
NAME	DO BOY 2547 N ET MYERS ITT	LITY ANAL		6.2	STREET ADDRESS	25	מות ל	estone F	ines De	•	
CITIZETT ADDICECO	LEILBUIL YNAI NIELBAYENN IIII	1 1 1 T LINI/AL		■ 0.3	O INCL. MUDINEGO	1 1 W	n Jladii	3 10 1 te-			

FORT MYERS FL 33902

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: