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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740725

1. Corporation Name

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

Principal Place of Business

2548 BLAIRSTONE PINES DR
TALLAHASSEE FL 32301
US

Mailing Address

PO BOX 4268
TALLAHASSEE FL 32315
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country
24 25

2a. Mailing Address

26 2548 Blairstone Pines

Suite, Apt. #, etc.

27 Tallahassee, FL

City & State

28 32301

29 Zip Country
30 US

3. Date Incorporated or Qualified

11/08/1977

4. FEI Number
59-1086752

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

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 F.M. Deterding

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

83 2548 Blairstone Pines Dr.

84 City Tallahassee FL 85 Zip Code 32301

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

3/25/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PERRY, JAMES	
STREET ADDRESS	2 UTILITY DRIVE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABBERGER, LESTER	
STREET ADDRESS	1435 MARION AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMES, H R	
STREET ADDRESS	1300 RIVERPLACE BLVD., #612	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, GERALD	
STREET ADDRESS	4837 SWIFT ROAD #100	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, JAMES W.	
STREET ADDRESS	PO BOX 350, GULF UTILITY (N/A)	
CITY-ST-ZIP	ESTERO FL 33925	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REEVES, A A	
STREET ADDRESS	PO BOX 2547. N FT MYERS UTILITY (N/A)	
CITY-ST-ZIP	FORT MYERS FL 33902	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Perry, James	
1.3 STREET ADDRESS	1000 Color Place	
1.4 CITY-ST-ZIP	Apopka, FL 32703	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Watford, Stephen	
4.3 STREET ADDRESS	2514 Aloha Place	
4.4 CITY-ST-ZIP	Holiday, FL 34691	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Rasmussen, Don	
5.3 STREET ADDRESS	200 Weathersfield Ave.	
5.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
6.1 TITLE	Exec. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ERWIN, Janet	
6.3 STREET ADDRESS	2548 Blairstone Pines Dr.	
6.4 CITY-ST-ZIP	Tallahassee, FL 32301	

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

SIGNATURE REQUIRED

3/25/99 (850) 878-4399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)