

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 740725

1. Entity Name  
FLORIDA WATERWORKS ASSOCIATION, THE FLORIDA  
CHAPTER OF THE NATIONAL ASSOCIATION OF WATER  
COMPANI



Principal Place of Business  
2548 BLAIRSTONE PINES DR.  
TALLAHASSEE, FL 32301 US

Mailing Address  
2548 BLAIRSTONE PINES DR.  
TALLAHASSEE, FL 32301 US

FILED

04 JUL -6 PM 3: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07012004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1086752

Applied For  
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DETERDING, F M  
2548 BLAIRSTONE PINES DR  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME JAMES, H R  
STREET ADDRESS P.O. BOX 441149  
CITY-ST-ZIP JACKSONVILLE, FL 322220012

TITLE D  
NAME RASMUSSEN, DON  
STREET ADDRESS 200 WEATHERSFIELD AVE.  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D  
NAME WATFORD, STEPHEN  
STREET ADDRESS 6915 PERRINE RANCH RD.  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

200039067892  
07/13/04--01065--003 \*\*61.25

**DO NOT WRITE  
IN THIS SPACE**

*Handwritten signature/initials*

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone \*

7/1/04 877-6555