

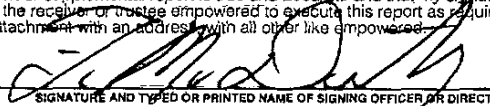


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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
DO NOT WRITE IN THIS SPACE		
		 01042005 No Chg-NP CR2E037 (10/03)
		4. FEI Number 59-1086752 Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fees 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
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		
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: 		Date: 3/28/05 Daytime Phone: _____