

2008 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
Jul 14, 2008 08:00 AM
Secretary of State



07072008 No Chg-NP CR2E037 (4/06)

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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 12, 2008**

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	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

F. Marshall Deterding Agent 7/7/08 850-877-6555

Date

Daytime Phone #