

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 754581 (7)**

1. Corporation Name

**MARCO DRAINAGE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% SHARON J. HUMMERHIELM  
3250 SW 3RD AVENUE  
MIAMI FL 33129-2712

% SHARON J. HUMMERHIELM  
3250 SW 3RD AVENUE  
MIAMI FL 33129-2712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/10/1980**

3a. Date of Last Report

**05/12/1994**

4. FEI Number

**59-2264472**

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status ☐

**\$68.75** Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUMMERHIELM, SHARON J  
3250 SW 3RD AVENUE  
MIAMI FL 33129

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                        |
|-----------------|------------------------|
| TITLE           | PO                     |
| NAME            | CORTRIGHT, EARLE D JR  |
| STREET ADDRESS  | 3250 S.W. 3RD AVENUE   |
| CITY - ST - ZIP | MIAMI FL               |
| TITLE           | SD                     |
| NAME            | GARBIS, MICHELLE R     |
| STREET ADDRESS  | 3250 S.W. 3RD AVENUE   |
| CITY - ST - ZIP | MIAMI FL               |
| TITLE           | VP                     |
| NAME            | MANCILLA, JOSEPH J     |
| STREET ADDRESS  | 8250 S.W. THIRD AVE    |
| CITY - ST - ZIP | MIAMI, FL 00000        |
| TITLE           | D                      |
| NAME            | WEINER, BRUCE M        |
| STREET ADDRESS  | 3250 SW 3RD AVE        |
| CITY - ST - ZIP | MIAMI FL               |
| TITLE           | DAS                    |
| NAME            | HUMMERHIELM, SHARON J. |
| STREET ADDRESS  | 3250 S.W. THIRD AVE.   |
| CITY - ST - ZIP | MIAMI FL               |
| TITLE           | D                      |
| NAME            | HARDEN, DAVID M.       |
| STREET ADDRESS  | 3250 S.W. THIRD AVE.   |
| CITY - ST - ZIP | MIAMI FL               |

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  |                                                                              |
| 1.4 CITY - ST - ZIP |                                                                              |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            | Resigned                                                                     |
| 2.3 STREET ADDRESS  |                                                                              |
| 2.4 CITY - ST - ZIP |                                                                              |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            | Resigned                                                                     |
| 3.3 STREET ADDRESS  |                                                                              |
| 3.4 CITY - ST - ZIP |                                                                              |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            | Resigned                                                                     |
| 4.3 STREET ADDRESS  |                                                                              |
| 4.4 CITY - ST - ZIP |                                                                              |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                                                              |
| 5.3 STREET ADDRESS  |                                                                              |
| 5.4 CITY - ST - ZIP |                                                                              |
| 6.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            | VP, D                                                                        |
| 6.3 STREET ADDRESS  |                                                                              |
| 6.4 CITY - ST - ZIP |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Sharon J. Hummerhielm

Date

Signature #

4/6/95

305/854-1111