

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90010 030 \*\*\*61.25

**DOCUMENT # 762851**

1. Entity Name

FLORIDA CHAPTER OF THE AMERICAN SOCIETY OF  
SANITARY ENGINEERING, INC.



Principal Place of Business

4151 RAVENSWOOD RD  
FORT LAUDERDALE FL 33312

Mailing Address

1900 S.W. 16 STREET  
FT LAUDERDALE FL 33312

44051021



MOORE

CR2E037 (4/04)

2. Principal Place of Business

~~3315 NW 68 CT~~

Suite, Apt. #, etc.

3. Mailing Address

3315 NW 68 CT.

Suite, Apt. #, etc.

City & State

~~Ft. Lauderdale FL~~

City & State

Ft. Lauderdale FL.

4. FEI Number

34-6555875

Applied For

Not Applicable

Zip ~~33309~~

Country ~~USA~~

Zip 33309

Country USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAUER, CARY  
3315 NW 68 COURT  
FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*Cary L. Bauer*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-26-04

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B</b> BAUER, CARY 3315 NW 68 CT. FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BENOIT, NORMAN 1900 S.W. 16 ST. FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> VAUGHN, TOM 170 NW 65 AVE MARGATE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MCCAULER, JACK 9509 SEA TURTLE LANE PLANTATION FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> KRPATA, RONALD T 210 SE 12 CT POMPANO BEACH FL 33060	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BICKFORD, JAMES 251 NW 35 CT OAKLAND PARK FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

President  
Hosbach, Ed  
4031 NE 18 Ave  
Ft. Lauderdale FL 33334  
Director  
Fennell, Kevin  
955 S. Federal Hwy  
Ft. Lauderdale FL

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 an other like empowered.

SIGNATURE:

*Cary L. Bauer*  
CARY L. BAUER  
Treas.

7-26-04

954-980-2508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #