

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000005185

1. Entity Name  
SAVE THE WATER TOWER, INC.



Principal Place of Business

11761 CAMP DRIVE  
DUNNELLON, FL 34432

Mailing Address

PO BOX 161  
DUNNELLON, FL 34430-0161



02072005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
31-1790682

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STROBL, FRANK J  
11761 CAMP DRIVE  
DUNNELLON, FL 34432

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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 May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	STROBL, SUE E
STREET ADDRESS	11761 CAMP DRIVE
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	DV
NAME	HUSTON, JIM
STREET ADDRESS	15400 SW 36TH
CITY-ST-ZIP	OCALA, FL 34481
TITLE	DP
NAME	STROBL, FRANK J
STREET ADDRESS	11761 CAMP DRIVE
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	DS
NAME	HUSTON, SHARON
STREET ADDRESS	15400 SW 36TH
CITY-ST-ZIP	OCALA, FL 34481
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000228778  
02/14/05-80053-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*FRANK J. STROBL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-10-05 352-4667503*

Date

Daytime Phone #