2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005817

Apr 30, 2008 Secretary of State

Entity Name: FLORIDA ONSITE WASTEWATER ASSOCIATION, INC.

New Principal Place of Business: Current Principal Place of Business:

5115 STATE ROAD 557 LAKE ALFRED, FL 338507202

Current Mailing Address: New Mailing Address:

PO BOX 950368 LAKE MARY, FL 327950368

FEI Number: 45-0485148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GROOVER, ROXANNE **5115 STATE ROAD 557** LAKE ALFRED, FL 338507202 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition HIMSCHOOT, ROBERT VAUSE, ELLEN Name: Name:

P. O. BOX 27 Address: P. O. BOX 545 Address:

City-St-Zip: FT MYERS, FL 339020027 City-St-Zip: HAWTHORNE, FL 326400545

Title: PD () Delete Title: (X) Change () Addition ERIC, ANDERSON Name: ERIC, ANDERSON Name: Address: P O BOX 765 Address: P O BOX 765 City-St-Zip: MIMS, FL 32754 City-St-Zip: MIMS, FL 32754

Title: () Delete Title: PD (X) Change () Addition

MCINARNAY, MICHAEL MCINARNAY, MICHAEL Name: Name: 1766 BLAIR RD Address: Address: 1766 BLAIR RD

City-St-Zip: JACKSONVILLE, FL 32221 City-St-Zip: JACKSONVILLE, FL 32221

() Delete Title: PPD Title: SD (X) Change () Addition

KIRK, TED ABEL, DENNIS Name: Name: 4799 COCONUT CREEK PKY. #162 Address: Address: P. O. BOX 938

City-St-Zip: COCONUT CREEK, FL 33063 City-St-Zip: ZELLWOOD, FL 327980938

Title: () Delete Title: (X) Change () Addition

PRESCOTT, JERRY PRESCOTT, JERRY Name: Name: P. O. BOX 2400 1617 OSBAN ST. Address: Address:

EATON PARK, FL 338402400 LAKELAND, FL 338032557 City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition

LISKEY, GREG LISKEY, GREG Name: Name: Address: P. O. BOX 157 Address: P. O. BOX 157 ASTATULA, FL 34705 ASTATULA, FL 34705 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MCINARNAY PD 04/30/2008