

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005817

FILED
Apr 06, 2009
Secretary of State

Entity Name: FLORIDA ONSITE WASTEWATER ASSOCIATION, INC.

Current Principal Place of Business:

5115 STATE ROAD 557
LAKE ALFRED, FL 338507202

New Principal Place of Business:

Current Mailing Address:

PO BOX 950368
LAKE MARY, FL 327950368

New Mailing Address:

FEI Number: 45-0485148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VAUSE, ELLEN
Address: P. O. BOX 545
City-St-Zip: HAWTHORNE, FL 326400545

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

Title: PD () Delete
Name: MCINARNAY, MICHAEL
Address: 1766 BLAIR RD
City-St-Zip: JACKSONVILLE, FL 32221

Title: SD () Delete
Name: ABEL, DENNIS
Address: P. O. BOX 938
City-St-Zip: ZELLWOOD, FL 327980938

Title: VD () Delete
Name: PRESCOTT, JERRY
Address: 1617 OSBAN ST.
City-St-Zip: LAKELAND, FL 338032557

Title: VTD () Delete
Name: LISKEY, GREG
Address: P. O. BOX 157
City-St-Zip: ASTATULA, FL 34705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MEINTS, STEVE
Address: P O BOX 266
City-St-Zip: EATON PARK, FL 338400266

Title: IPP (X) Change () Addition
Name: MCINARNAY, MICHAEL
Address: 1766 BLAIR RD
City-St-Zip: JACKSONVILLE, FL 32221

Title: VP (X) Change () Addition
Name: ABEL, DENNIS
Address: P. O. BOX 938
City-St-Zip: ZELLWOOD, FL 327980938

Title: PE/T (X) Change () Addition
Name: PRESCOTT, JERRY
Address: 1617 OSBAN ST.
City-St-Zip: LAKELAND, FL 338032557

Title: P (X) Change () Addition
Name: LISKEY, GREG
Address: P. O. BOX 157
City-St-Zip: ASTATULA, FL 34705

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: GREG LISKEY

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date