

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005817

FILED
Jan 09, 2012
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 (X)

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: PE/T
Name: WOODRUFF, DEREK
Address: 11372 UNITED WAY
City-St-Zip: ORLANDO, FL 328247600

Title: P
Name: MEINTS, STEVE
Address: 7833 OCALI DR
City-St-Zip: LAKELAND, FL 338105103

Title: S
Name: GUFFEY, MARTIN
Address: 2308 TROPICAIRE BLVD
City-St-Zip: NORTH PORT, FL 342869163

Title: IPP
Name: ABEL, DENNIS
Address: P. O. BOX 938
City-St-Zip: ZELLWOOD, FL 327980938

Title: D
Name: BAKER, ROBERT
Address: 7740 S. GEORGE BLVD.
City-St-Zip: SEBRING, FL 33875583

Title: VP
Name: DAVENPORT, RON
Address: 3540 HEARTWOOD LN
City-St-Zip: MELBOURNE, FL 329348581

I hereby 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 all other like empowered.

SIGNATURE: MARTIN GUFFEY

MR.

01/09/2012

Electronic Signature of Signing Officer or Director

Date