2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000006138

1. Entity Name
HILLSBOROUGH RIVER WATERSHED ALLIANCE, INC.

Principal Place of Business	Mailing Address
8102 SHELDON ROAD APT. 1104 TAMPA, FL 33615	POST OFFICE BOX 21405 TAMPA, FL 33622

DO NOT WRITE IN THIS SPACE

02032006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-0147812
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOROWITZ, MITCHELL I
501 E KENNEDY BLVD SUITE 1700
TAMPA, FL 33602

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	KROH, STANLEY
STREET ADDRESS	2881 BAYSHORE TRAILS DRIVE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	VP/D
NAME	WALKINSHAW, JOHN
STREET ADDRESS	3211 BANYAN HILL LANE
CITY-ST-ZIP	LAND O' LAKES, FL 34639
TITLE	STD
NAME	TOPPIN, GREG
STREET ADDRESS	15402 US HWY. 301 NORTH
CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	D
NAME	MARVIN, STU
STREET ADDRESS	316 S. RIVERHILLS DRIVE
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	D
NAME	CAMPBELL, KYM ROUSE
STREET ADDRESS	3910 US HWY. 301 N. ST. 180
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	D
NAME	PRYCE, MARINA
STREET ADDRESS	5339 COUNTY ROAD 579
CITY-ST-ZIP	SEFFNER, FL 33584

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02/25/06-80005-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Gina L Gardner GINA L. GARDNER 2/13/06 813-453-4750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #