2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# N04000000612

Entity Name: FLORIDA STORMWATER ASSOCIATION EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

719 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

719 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

New Mailing Address:

P.O.BOX 867
TALLAHASSEE, FL 32302 US

FEI Number: 20-0648473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPITZER, KURT
719 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: ED ( ) Delete
Name: SPITZER, KURT
Address: 719 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D ( ) Delete
Name: REGAN, JOANIE
Address: 1600 MINUTEMEN CAUSEWAY
City-St-Zip: COCOA BEACH, FL 32931 US

Title: D ( ) Delete
Name: ORNBERG, KIM
Address: 520 W. LAKE MARY BLVD. STE.200
City-St-Zip: SANFORD, FL 32773 US

Title: D ( ) Delete
Name: DENMAN, CHUCK
Address: 2836 GARDEN ST.
City-St-Zip: TITUSVILLE, FL 32796 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: KURT SPITZER D 01/07/2008

Electronic Signature of Signing Officer or Director — Date