

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008440

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** TCLR WATER MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

7601 SW LOST RIVER RD.  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

7601 SW LOST RIVER RD.  
STUART, FL 34997

**New Mailing Address:**

**FEI Number:** 90-0226628

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDGAR, CHARLES W III  
4400 PGA BLVD., STE. 200  
PALM BEACH GARDENS, FL 33410 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  
**Name:** TABOR, MARTIN  
**Address:** 7601 LOST RIVER RD.  
**City-St-Zip:** STUART, FL 33496

**Title:** D  
**Name:** TABOR, ABBY  
**Address:** 7601 LOST RIVER RD.  
**City-St-Zip:** STUART, FL 33496

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 TABOR

D

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date