

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005269

FILED
Jan 15, 2009
Secretary of State

Entity Name: SOUTHEAST STORMWATER ASSOCIATION, INCORPORATED

Current Principal Place of Business:

719 E. PARK AVE.
TALLAHASSEE, FL 32301

New Principal Place of Business:

719 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Current Mailing Address:

719 E. PARK AVE.
TALLAHASSEE, FL 32301

New Mailing Address:

P.O. BOX 10530
TALLAHASSEE, FL 32302 US

FEI Number: 20-2305722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPITZER, KURT
719 E. PARK AVE.
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: P () Delete
Name: JARMAN, CHARLES
Address: 4045 BRIDGE VIEW DRIVE
City-St-Zip: N. CHARLESTON, SC 29405 US

Title: VP () Delete
Name: HAMMOCK, DARYL
Address: 600 E. 4TH ST.
City-St-Zip: CHARLOTTE, NC 28202 US

Title: ST () Delete
Name: MCCULLERS, ZHALEH
Address: 218 SUMMIT PARKWAY #200
City-St-Zip: BIRMINGHAM, AL 35209 US

Title: D () Delete
Name: KAISER, LAWRENCE
Address: 325 AMBERBROOK CIR.
City-St-Zip: GRAYSON, GA 30017 US

Title: D () Delete
Name: SPITZER, KURT
Address: 719 E. PARK AVE.
City-St-Zip: TALLAHASSEE, FL 32301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAMMOCK, DARYL
Address: 600 E. 4TH STREET
City-St-Zip: CHARLOTTE, NC 28202 US

Title: VP (X) Change () Addition
Name: MCCULLERS, ZHALEH
Address: 218 SUMMIT PARKWAY, STE 200
City-St-Zip: BIRMINGHAM, AL 35209 US

Title: ST (X) Change () Addition
Name: PALMER, JACQUES
Address: P. O. BOX 204660
City-St-Zip: MARTINEZ, GA 30917 US

Title: D (X) Change () Addition
Name: JARMAN, CHARLES
Address: 4045 BRIDGE VIEW DRIVE
City-St-Zip: NORTH CHARLESTON, SC 29405 US

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

01/15/2009

Electronic Signature of Signing Officer or Director

Date