2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N07000003859

Entity Name: FLORIDA KEYS WASTEWATER ASSISTANCE FOUNDATION, INC.

Current Principal Place of Business:

6 NORTH DRIVE
KEY LARGO, FL 33037

New Principal Place of Business:

300 ATLANTICE DRIVE
KEY LARGO, FL 33037

Current Mailing Address:

PO BOX 370454
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 20-8951381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GESSEL, PATRICIA S ESQ
99530 OVERSEAS HWY STE 2
KEY LARGO, FL 33037 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: C ( ) Delete
Name: HAMMAKER, SUSAN F
Address: 6 NORTH DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: VC ( ) Delete
Name: SANTE, CHRIS
Address: 300 ATLANTIC DRIVE STE 10
City-St-Zip: KEY LARGO, FL 33037

Title: T ( ) Delete
Name: BROWN, BETTE
Address: 97670 OVERSEAS HIGHWAY
City-St-Zip: KEY LARGO, FL 33037

Title: S ( ) Delete
Name: MARTIN, PAM
Address: 217 CORAL RD
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: CHRIS, BULL
Address: P.O. BOX 373006
City-St-Zip: KEY LARGO, FL 33037

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: CHRIS SANTE VC 04/27/2009

Electronic Signature of Signing Officer or Director — Date