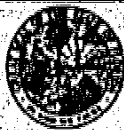


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 MAR 20 PM 2:17****DOCUMENT # N13354 (8)**

1. Corporation Name

SARASOTA COUNTY WATER AND WASTEWATER UTILITIES ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/07/1986	3a. Date of Last Report 04/19/1994
4. FEI Number 59-2659195	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
% 7198 BENEVA ROAD SARASOTA FL 34238		% 7198 BENEVA ROAD SARASOTA FL 34238	
2. Principal Place of Business	2a. Mailing Address	21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State	23. Zip	28. Zip
24. Country	25. Country	29. Country	30. Country

9. Name and Address of Current Registered Agent**GOODELL, THOMAS W.
7198 BENEVA ROAD
SARASOTA FL 34238****10. Name and Address of New Registered Agent**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	GOODELL, THOMAS W.	1.2 NAME	
STREET ADDRESS	7198 BENEVA RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	LEE, WILLIAM G.	2.2 NAME	
STREET ADDRESS	567 INTERSTATE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	LESTER, JOHN H.	3.2 NAME	
STREET ADDRESS	6847 MIDNIGHT PASS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	FISHKIND, M. RONALD	4.2 NAME	
STREET ADDRESS	4370 S. TAMIAMI TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☒ Change ☐ Addition
NAME	MARTIN, PETER J	5.2 NAME	Bohnack, Howard
STREET ADDRESS	101 N W 202 TERRACE	5.3 STREET ADDRESS	2112 Gulf Gate Drive
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Sarasota, FL
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:**Thomas W. Goodell****01/15/95****813-922-9659**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #