

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N13354 (8)

1. Corporation Name

SARASOTA COUNTY WATER AND WASTEWATER UTILITIES ASSOCIATION, INC.



Principal Place of Business

% 7198 BENEVA ROAD  
SARASOTA FL 34238

Mailing Address

% 7198 BENEVA ROAD  
SARASOTA FL 34238

3. Date Incorporated or Qualified  
02/07/1986

3a. Date of Last Report  
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21 567 INTERSTATE BLVD

26 567 INTERSTATE BLVD

4. FEI Number  
59-2659195

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

22

27

City & State

City & State

23 SARASOTA, FL

28 SARASOTA, FL

Zip

Country

Zip

Country

24 34240

25 USA

29 34240

30 USA

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODSELL, THOMAS W.  
7198 BENEVA ROAD  
SARASOTA FL 34238

81 Name

LEE, WILLIAM G.

82

Street Address (P.O. Box Number is Not Acceptable)

567 INTERSTATE BLVD.

83

84 City

SARASOTA

FL

85 Zip Code

34240

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Thomas W. Goodsell*, PRESIDENT/DIRECTOR

3/4/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME  
GOODSELL, THOMAS W.  
STREET ADDRESS  
7198 BENEVA RD.  
CITY-ST-ZIP  
SARASOTA FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
LEE, WILLIAM G.  
STREET ADDRESS  
567 INTERSTATE RD.  
CITY-ST-ZIP  
SARASOTA FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
LESTER, JOHN H.  
STREET ADDRESS  
6647 MIDNIGHT PASS RD  
CITY-ST-ZIP  
SARASOTA FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
FISHKIND, M. RONALD  
STREET ADDRESS  
4370 S. TAMiami TRAIL  
CITY-ST-ZIP  
SARASOTA FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
BOHNSACK, HOWARD  
STREET ADDRESS  
2112 GULF GATE DRIVE  
CITY-ST-ZIP  
SARASOTA FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*M. Ronald Fishkind*

M. RONALD FISHKIND

DATE

3/4/96

(94) 922-3516

Daytime Phone #

(X 303)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treas/Director

CR2E037 (12/95)