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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N13354

(8)

SARASOTA COUNTY WATER AND WASTEWATER UTILITIES A SSOCIATION, INC.

Principal Place of Business Mailing Address 567 INTERSTATE BLVD 567 INTERSTATE BLVD SARASOTA FL 34240-8958 SARASOTA FL 34240 3a. Date of Last Report 03/11/1996 3. Date Incorporated or Qualified 02/07/1986 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-2659195 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite. Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LEE, WILLIAM G. Street Address (P.O. Box Number is Not Acceptable) 82 **567 INTERSTATE BLVD** 83 SARASOTA FL 34240 84 City 65 Zip Çode 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, typied or printed name of registered agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE LEE, WILLIAM G. 1.2 NAME NAMI 567 INTERSTATE BLVD 1.3 STREET ADDRESS STREET AUDRESS SARASOTA FL 1.4 CITY - ST - ZIP CITY-ST-7/P Change DELETE Addition 21 TITLE THILE LESTER, JOHN H. 2.2 NAME NAME 6647 MIDNIGHT PASS RD 23 STREET ADDRESS STREET ADDRESS SARASOTA FL 2. 4 CITY-ST-ZIP CITY-ST-ZiP Change Addition DELETE 31 TITLE THIF FISHKIND, M. RONALD 3.2 NAME NAME 4370 S. TAMIAMI TRAIL 3.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 3.4. CITY- ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE THE **BOHNSACK, HOWARD** 4. 2 NAME NAME 2112 GULF GATE DRIVE 4.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 4.4 CITY-ST-ZIP COTY+ST-ZiP Change Addition DELETE THE 5.1 TITLE 5.2 NAME NAM² STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 62 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

appears in Block 12 or Block

WE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THE AND TYPED ON THE AND TYPED

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

CR2E037 (9/96)

FILED

Mar 19 1997 8:00am

Secretary of State