

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90079 039 ****61.25

DOCUMENT # N23108 1. Entity Name SOUTH BREVARD WATER CO-OP, INC.					
Principal Place of Business 41 MOHICAN WAY MELBOURNE BEACH, FL 32951 US				Mailing Address P.O. BOX 510697 MELBOURNE BEACH, FL 32951-0697 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2844983	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANFORD, SCOTT J 3125 W. NEW HAVEN AVE, SUITE 200 WEST MELBOURNE, FL 32904				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 903 E. Strawbridge Ave. City Melbourne FL Zip Code 32901	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAESTRI, RAYMOND R 304 ARROWHEAD LANE MEBOURNE BEACH, FL 32951	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD McInerny, Denis P 230 Leslie Ct. Melbourne Beach, FL 32951	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARDSON, JOSEPH 6870 S HWY A1A MELBOURNE BCH, FL 32951	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCINERY, DENIS P 230 LESLIE COURT MELBOURNE BEACH, FL 32951	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DeShazo, Talmadge P 74 Mohican Way Melbourne Beach, FL 32951	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIRWAN, JOHN 350 HIAWATHA WAY MELBOURNE BEACH, FL 32951	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALFONSO, DOMINIC 6307 S HWY A1A MELBOURNE BEACH, FL 32951	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Burns, Robert J 388 Arrowhead Ln Melbourne Beach, FL 32951	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESHAZO, TALMADGE 74 MOHICAN WAY MELBOURNE BEACH, FL 32951	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Petrovits, Stephen 368 Hiawatha Way Melbourne Beach, FL 32951	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. P. McInerny **D. P. McInerny** 1-17-08 (321) 723-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiring Phone #