

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23108

FILED
Feb 28, 2009
Secretary of State

Entity Name: SOUTH BREVARD WATER CO-OP, INC.

Current Principal Place of Business:

41 MOHICAN WAY
MELBOURNE BEACH, FL 32951 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 510697
MELBOURNE BEACH, FL 329510697 US

New Mailing Address:

FEI Number: 59-2844983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANFORD, SCOTT J
3125 W. NEW HAVEN AVE, SUITE 200
WEST MELBOURNE, FL 32904 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: PD () Delete
Name: MCINERNY, DENIS P
Address: 230 LESLIE CT
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VP () Delete
Name: RICHARDSON, JOSEPH
Address: 6870 S HWY A1A
City-St-Zip: MELBOURNE BCH, FL 32951

Title: SD () Delete
Name: DESHAZO, TALMADGE P
Address: 74 MOHICAN WAY
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: TD () Delete
Name: KIRWAN, JOHN
Address: 350 HIAWATHA WAY
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: BURNS, ROBERT J
Address: 388 ARROWHEAD LN
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: PETROVITS, STEPHEN
Address: 368 HIAWATHA WAY
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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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: DENIS P. MCINERNY

PD

02/28/2009

Electronic Signature of Signing Officer or Director

Date