# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 17, 2009**
**Secretary of State**

DOCUMENT# N31190

**Entity Name:** ZELLWOOD WATER USERS, INC.

**Current Principal Place of Business:**

ZELLWOOD WATER USERS, INC
3262 ROBINSON ST
ZELLWOOD, FL 32798

**New Principal Place of Business:**

**Current Mailing Address:**

ZELLWOOD WATER USERS, INC.
PO BOX 865
ZELLWOOD, FL 327980865 US

**New Mailing Address:**

**FEI Number: 59-2365753** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POTTER, DEL C.
308 E. FIFTH AVENUE
MOUNT DORA, FL 32757 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: | P | ( ) Delete |
| Name: | GRINNELL, CHARLES JR, . | |
| Address: | 5152 KING ST | |
| City-St-Zip: | ZELLWOOD, FL | |
| Title: | S T | ( ) Delete |
| Name: | BARRETT, MARVIN, | |
| Address: | 5051 PALM DR. | |
| City-St-Zip: | ZELLWOOD, FL 32798 | |
| Title: | VP | ( ) Delete |
| Name: | CARLTON, MIKE, | |
| Address: | P.O. BOX 490 N/A | |
| City-St-Zip: | ZELLWOOD, FL 32798 | |
| Title: | D | ( ) Delete |
| Name: | LUGERING, HANK | |
| Address: | 3125 ROUND LAKE RD. | |
| City-St-Zip: | ZELLWOOD, FL 32798 | |
| Title: | D | ( ) Delete |
| Name: | STARBIRD, NADINE | |
| Address: | 3271 ROBINSON ST | |
| City-St-Zip: | ZELLWOOD, FL 32798 | |
| Title: | D | ( ) Delete |
| Name: | FLEMING, LOUIS | |
| Address: | 3574 ONDICH ROAD | |
| City-St-Zip: | APOPKA, FL 32712 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | D | (X) Change ( ) Addition |
| Name: | CARLTON, MIKE, | |
| Address: | P.O. BOX 490 N/A | |
| City-St-Zip: | ZELLWOOD, FL 32798 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | VP | (X) Change ( ) Addition |
| Name: | FLEMING, LOUIS | |
| Address: | 3574 ONDICH ROAD | |
| City-St-Zip: | APOPKA, FL 32712 | |

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: MARVIN BARRETT T 01/17/2009
Electronic Signature of Signing Officer or Director — Date