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Apr 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N34475 (6)

1. Corporation Name

SILVER SPRINGS REGIONAL WATER & SEWER, INC.

Principal Place of Business

PO BOX 2439
SILVER SPRINGS FL 34488

Mailing Address

PO BOX 2439
SILVER SPRINGS FL 34489-2439



3. Date Incorporated or Qualified
10/02/1989

3a. Date of Last Report
04/06/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
59-3032920

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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

FANNON, JOHN
2085 NW 60TH AVE.
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FANNON, JOHN	
STREET ADDRESS	2085 NW 60TH AVE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SMITH, KEN	
STREET ADDRESS	3298 NE 56TH AVE.	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	STEEN, JOY	
STREET ADDRESS	2420 NE 48TH CT.	
CITY-ST-ZIP	OCALA FL 34488	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHRODER, FRED	
STREET ADDRESS	1512 SE 24TH ST.	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, MIKE	
STREET ADDRESS	3378 WINEBERRY SUBDIVISION	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNETTE, JAMES	
STREET ADDRESS	140 NE 53RD CT.	
CITY-ST-ZIP	OCALA FL 34470	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Colson, C.W.	
1.3 STREET ADDRESS	2745 N.E. 48th Ct.	
1.4 CITY-ST-ZIP	Ocala, FL 34470	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-97

352 236-3600

Date

Daytime Phone # 0066160

CR2E037 (9/96)