

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90023 005 ****70.00

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DOCUMENT # N34475

1. Corporation Name

SILVER SPRINGS REGIONAL WATER & SEWER, INC.

213519 - 90023 - 0

Principal Place of Business

5300 E. SILVER SPRINGS BLVD.
SUITE E
SILVER SPRINGS FL 34488

Mailing Address

5300 E. SILVER SPRINGS BLVD.
SUITE E
SILVER SPRINGS FL 34488



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/02/1989

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

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

DELETED

TITLE DP
NAME FANNON, JOHN
STREET ADDRESS 2085 NW 60TH AVE
CITY-ST-ZIP Ocala FL 34470

TITLE DV
NAME SMITH, KEN
STREET ADDRESS 3298 NE 56TH AVE.
CITY-ST-ZIP SILVER SPRINGS FL 34488

TITLE D
NAME JAMES, BARNETTE
STREET ADDRESS 140 NE 53RD CT.
CITY-ST-ZIP Ocala FL 34470

TITLE D
NAME HARPER, GEORGE
STREET ADDRESS 8061 NE JACKSONVILLE RD.
CITY-ST-ZIP Ocala FL 34479

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

1.1 TITLE
1.2 NAME SMITH, KEN
1.3 STREET ADDRESS 3298 NE 56 Ave
1.4 CITY-ST-ZIP Silver Springs FL 34488

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME DAVENPORT, CLIFF
2.3 STREET ADDRESS 2828 NE 49 AVE
2.4 CITY-ST-ZIP Ocala FL 34470

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME DV SMITH, Sidney
3.3 STREET ADDRESS 5585 E.S.S. Blvd.
3.4 CITY-ST-ZIP Silver Springs FL 34488

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

2/2/99

236 3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)