FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N41185

HONIG STORMWATER MANAGEMENT ASSOCIATION, INC.

Principal Place of Business 1300 THOMASWOOD DRIVE TALLAHASSEE FL 32312

Mailing Address

1300 THOMASWOOD DRIVE TALLAHASSEE FL 32312

FILED

99 JUL -8 PM 3:58

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1990				
21 Suite And W. offe		26		4. FEI Number Applied For				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-7050197				
22		City & State			33 1000101		pplicable	
City & State		28		5. Certificate of Status Desired				
Zip			Zip Country		6. Election Campaign Financing \$5.00 May Be			
			30		Trust Fund Contribution Added to Fees			
9. Name a	nd Address of Current R	Registered Agent			10. Name and Address of New Registe	red Agent		
			81	81 Name				
GARDNER, CHARLES R				82 Street Address (P.O. Box Number is Not Acceptable)				
1300 THOMASWOOD DRIVE TALLAHASSEE FL 32312			63	63				
			84	City	·	FL 85 Zip Cox		
office or registered age	nt, or both, in the State of I	ind 617.1508, Florida Statutes Florida. Such change was aut ns of, Section 617.0503, Florid	horized by i	-named corpo the corporation	oration submits this statement for the purpos n's board of directors. I hereby accept the s	se of changing its re- appointment as regis	gistered fered	
Signature, typed o	printed name of registered agent an	od title if applicable. (NOTE: F	tegistered Agent	signature required				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER			
TITLE PSTD		☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME HO, JOHN			1.2 NAME					
STREET ADDRESS 402 VINNEDGE RIDE			1.3 STREET	ADORESS				
CITY-ST-ZIP TALLAHAS	SEE FL 32303		1.4 CITY-ST	-ZIP				
TITLE VPD		☐ DELETE	21 TITLE			☐ Change	Addition	
NAME BURGIN, J	ON		22 NAME		80000293	297565	9	
STREET ADDRESS 6820 LBJ FREEWAY			2.3 STREET	ADDRESS				
CITY-ST-ZIP DALLAS TX	75240		2.4 CITY-S	r- z iP	非宋宋宋年行。	25 **** ***	1.25	
TITLE VPD		☐ DELETE	3.1 TITLE			Change	Addition	
NAME FELLING, N	MATTHEW		32 NAME					
	TH W. STREET		3.3 STREET	ADDRESS			i	
	A FL 32505		3.4. CITY-S	r-ZIP				
TITLE		□ DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET	ADORESS				
CITY-ST-ZIP			4.4 CITY-ST	-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS			1	
			5.4 CITY-ST	-ZIP			-	
CITY-ST-ZIP TITLE		() DELETE	6.1 TITLE	-		☐ Change	Addition	
NAME			6.2 NAME		· TS			
			6.3 STREET	ADDRESS	, 10	7		
STREET ADDRESS			6.4 CITY-ST					
CITY-ST-ZIP	information supplied with	this filing does not qualify for t			ection 119.07(3)(i), Florida Statutes. I furthe	or certify that the info	rmation	

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

97/07/99

850-385-7041