FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N45180** **(9)**

1. Corporation Name
HUNTINGTON WATER MANAGEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 14070 FT LAUDERDALE FL 33302-4070	3350 LAKESIDE DRIVE MIRAMAR FL 33027 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1991
3a. Date of Last Report: 04/18/1994
4. FEI Number: 65-0255168 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CHRISTIAN, COTTER H.	12 NAME	
STREET ADDRESS	3350 LAKESIDE DR	13 STREET ADDRESS	3400 LAKESIDE DRIVE
CITY-ST-ZIP	MIRAMAR FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	D ☐ Change XX Addition
NAME	DAVID L. SIEGEL	22 NAME	DAVID L. SIEGEL
STREET ADDRESS	3400 LAKESIDE DRIVE	23 STREET ADDRESS	3400 LAKESIDE DRIVE
CITY-ST-ZIP	MIRAMAR FL 33027	24 CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	D XX
STREET ADDRESS		33 STREET ADDRESS	SUSAN D DEMKOWICZ
CITY-ST-ZIP		34 CITY-ST-ZIP	3400 LAKESIDE DRIVE MIRAMAR FL 33027
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	500001467025
STREET ADDRESS		43 STREET ADDRESS	-04/27/95--01072--016
CITY-ST-ZIP		44 CITY-ST-ZIP	****130.00 ****130.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: COTTER H. CHRISTIAN 3/20/95 (305)436-6304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038709