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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

**FILED** 

Apr 22 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

SIGNATURE:

N45180

(9)

## HUNTINGTON WATER MANAGEMENT ASSOCIATION, INC.

| Principal Place of Business                 |  | Mailing Address   |   | 3,149,1111  |  |  |
|---|--|---|---|---|--|--|
| PO BOX 14070<br>FT LAUDERDALE FL 33302-4070 |  | 3400 LAKESIDE DRIVE<br>500  |   | l l   |  |  |
|   |  |   |   |   |  |  |
|   |  |   | MIRAMAR FL 33027-3238                     |   | 3a. Date of Last Report  |  |
|   |  | US  |   | 3. Date Incorporated or Qualified 09/17/1991  | 04/30/1996   |  |
| Principal Place of Business 2a.             |  | 2a. Mailing Address   | <del></del>                               | 4. FEI Number   | Applied For  |  |
| 21  |  | 26  |   | 65-0255168  | Not Applicable   |  |
| Suite, Apt. #, etc.                         |  | Suite, Apt. #, etc.   |   | 5. Certificate of Status Desired  | \$8.75 Additional  |  |
| 22  |  | 27  |   | 5. Continuate of States Desired   | Fee Required   |  |
| City & State                                |  | Crty & State  |   | 6. Election Campaign Financing  | \$5.00 May Be  |  |
| 23  |  | 28  |   | Trust Fund Contribution   | Added to Fees  |  |
| Zip   | Country  | Zip   | Country                                   | 8. This corporation has liability for   | _ ' —  |  |
| 24  | 25  <br>9. Name and Address of Curre   | 29 3  | 0[  | Florida Statutes  10. Name and Address of New Re  | Yes No   |  |
|   | 9. Name and Address of Curre   | int Registered Agent  | 81 Name                                   | 10. Hallie Bric Address of New Ne   | gistered Agent   |  |
|   |  |   | (Valido                                   |   |  |  |
| CT CORPORATION'SYSTEM                       |  |   | 82 Street                                 | Address (P.O. Box Number is Not Acceptate   | ole)   |  |
| 1200 S. PINE ISLAND ROAD                    |  |   | 83  |   |  |  |
| PLANIAI                                     | TION FL 33324  |   | \ <b>~</b> \                              |   |  |  |
|   |  |   | 84 City                                   |   | 85 Zip Code  |  |
|   |  | 00 1047 1500 51 11 01   |   |   | FL 65 Elp code   |  |
| office or re                                | to the provisions of Sections 617.05<br>egistered agent, or both, in the Stal<br>m familiar with, and accept the oblig | e of Florida. Such change was au                                      | thorized by the corr                      | corporation submits this statement for the poration's board of directors. I hereby acception    | of the appointment as registered                                     |  |
| SIGNATURE _                                 | Signature, typed or printed name of registered ap  | gent and title it applicable (NOTE:                                   | Registered Apent signature                | s required when reinstating)  | DATE   |  |
| 12.   |  | ND DIRECTORS  | 13.                                       | ADDITIONS/CHANGES TO OFFIC  |  |  |
| TITLE                                       | PD   | DELETE  | 1.1 TITLE                                 |   | Change Addition  |  |
| NAME  | CHRISTIAN, COTTER H.   |   | 1.2 NAME                                  |   |  |  |
| STREET ADDRESS                              | 3400 LAKESIDE DR   |   | 1.3 STREET ADDRESS                        |   |  |  |
| CITY-ST-ZIP                                 | MIRAMAR FL   |   | 1.4 CITY-ST-ZIP                           |   |  |  |
| TITLE                                       | D  | DELETE  | 2.1 TITLE                                 |   | Change Addition  |  |
| NAME  | SIEGEL, DAVID L  |   | 2.2 NAME                                  |   | i  |  |
| STREET ADDRESS                              | 3400 LAKESIDE DRIVE  |   | 2.3 STREET ADDRESS                        |   |  |  |
| CITY-ST-ZIF                                 | MIRAMAR FL 33027   |   | 2. 4 CITY-ST-ZIP                          | <u> </u>  |  |  |
| TITLE                                       | D  | DELETE  | 3.1 TITLE                                 |   | ☐ Change ☐ Addition  |  |
| NAME ]                                      | DEMKOWICZ, SUSAN D   |   | 3.2 NAME                                  |   |  |  |
| STREET ADDRESS                              | 3400 LAKESIDE DRIVE  |   | 3.3 STREET ADDRESS                        |   |  |  |
| CITY - ST - ZIP                             | MIRAMAR FL 33027   |   | 3.4. CITY-ST-ZIP                          |   |  |  |
| TITLE                                       |  | DELETE  | 4.1 TITLE                                 |   | ☐ Change ☐ Addition  |  |
| NAME  |  |   | 4. 2 NAME                                 | 1   |  |  |
| STREET ADDRESS                              |  |   | 4.3 STREET ADDRESS                        |   |  |  |
| 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                        |   |  |  |
| CITY - S1 - ZIP                             |  |   | 5.4 CITY-ST-ZIP                           |   |  |  |
| TITLE                                       |  | DELETE  | 6.1 TITLE                                 | 1   | Change Addition  |  |
| NAME  |  | APR - 8 199   | 6.2 NAME                                  |   |  |  |
| STREET ADDRESS                              |  |   | 6.3 STREET ADDRESS                        |   |  |  |
| CITY-ST-ZIP                                 |  | - 40  | 6.4 CITY - ST - ZIP                       |   |  |  |
| 14. I do hereb<br>informatio                | by certify that the information suppli-<br>in indicated on this annual report or                                       | ed with this filing dobs no qualify supplemental annual report is tru | for the exemption a<br>e and accurate and | stated in Section 119.07(3)(i), Florida Statute<br>d that my signature shall have the same lega | s, I turther certify that the all effect as if made under oath: that |  |
| l am an of                                  | fficer or director of the corporation  | or the receiver or trustee empower                                    | red to execute this                       | d that my signature shall have the same leg-<br>report as required by Chapter 617, Florida S    | Statutes; and that my name   |  |
| appears if                                  | HEIOCK IZ OF DIOCK 13 IF CHANGEO   | or oprian anacompent with an 8000                                     | 733.                                      | 1 1   |  |  |