FILE NOW: FILING FEE IS $61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998

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

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	3400 LAKESIDE DRIVE 500 MIRAMAR FL 33027 US

3. Date Incorporated or Qualified
09/17/1991

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

61	Name
62	Street Address (P.O. Box Number is Not Acceptable)
63	
64	City FL	65 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **PD** ☒ DELETE NAME **CHRISTIAN, COTTER H.** STREET ADDRESS **3400 LAKESIDE DR** CITY-ST-ZIP **MIRAMAR FL**	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **SIEGEL, DAVID L** STREET ADDRESS **3400 LAKESIDE DRIVE** CITY-ST-ZIP **MIRAMAR FL 33027**	2.1 TITLE President Director 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE **D** ☒ DELETE NAME **DEMKOWICZ, SUSAN D** STREET ADDRESS **3400 LAKESIDE DRIVE** CITY-ST-ZIP **MIRAMAR FL 33027**	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE Director 4.2 NAME Vernon Prest 4.3 STREET ADDRESS 3400 Lakeside Dr. Suite 500 4.4 CITY-ST-ZIP Miramar, FL 33027	☐ Change ☒ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE Director 5.2 NAME Cheryl K. Farri 5.3 STREET ADDRESS 3400 Lakeside Dr. Suite 500 5.4 CITY-ST-ZIP Miramar, FL 33027	☐ Change ☒ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/97)

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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.

SIGNATURE _____ David L Siegel