

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45180

1. Entity Name

HUNTINGTON WATER MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

6400 N ANDREWS AVE  
4TH FLOOR  
FT LAUDERDALE FL 33309

Mailing Address

6400 N ANDREWS AVE  
4TH FLOOR  
FT LAUDERDALE FL 33309-2172  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0255168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIEGEL, DAVID  
6400 N ANDREWS AVE  
4TH FLOOR  
FT LAUDERDALE FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	O'SHEA, DENNNY	6400 N ANDREWS AVE 4TH FLOOR FT LAUDERDALE FL 33309	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	PD	SIEGEL, DAVID L	3400 LAKESIDE DRIVE MIRAMAR FL 33027	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	ESPOSITO, ROBERT	6400 N ANDREWS AVE 4TH FLOOR FT LAUDERDALE FL 33309	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

Date

(954) 776-2475

Daytime Phone #

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90146 030 \*\*\*\*65.00

627071



DO NOT WRITE IN THIS SPACE

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