

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
 03-19-2001 90448 012 ****61.25

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
 US**

2. Principal Place of Business

**300 SE 2nd Street
 Suite, Apt. #, etc.
 8th Floor**

3. Mailing Address

**300 SE 2nd Street
 Suite, Apt. #, etc.
 8th Floor**

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33301-1907

Country

Zip

33301-1907

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

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

7. Name and Address of New Registered Agent

Name

David Siegel

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

300 SE 2nd Street

8th Floor

City

Ft. Lauderdale,

FL

Zip Code

33301-1907

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Denny O'Shea 300 SE 2nd Street, 8th Floor Ft. Lauderdale, FL 33301-1907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD David Siegel 300 SE 2nd Street, 8th FL Ft. Lauderdale, FL 33301-1907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Esposito 300 SE 2nd Street, 8th FL Ft. Lauderdale, FL 33301-1907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

3-13-01

954-627-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)