

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90188 001 ***122.50

DOCUMENT # N45180
 1. Entity Name
 HUNTINGTON WATER MANAGEMENT ASSOCIATION, INC.



Principal Place of Business 2901 SW 149TH AVE STE 120 MIRAMAR, FL 33027 US	Mailing Address 2901 SW 149TH AVE STE 120 MIRAMAR, FL 33027 US
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01062005 No Chg-NP CR2E037 (10/03)

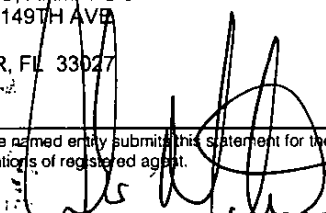
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0255168	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MONTERO, ARMANDO MR.
 2901 SW 149TH AVE
 STE 120
 MIRAMAR, FL 33027

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 3/14/05

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

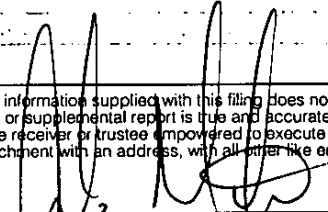
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTERO, ARMANDO MR. 2901 SW 149TH AVE STE 120 MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BECKER, GLENN 2901 SW 149TH AVE STE 120 MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALE, BRIAN S 2901 SW 149TH AVE STE 120 MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE: 3/14/05 (953) 435-0610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR