


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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

FILED
07 APR -4 AM 9:38

CLERK OF THE COURT
TALLAHASSEE, FLORIDA

Principal Place of Business 3401 SW 160TH AVE SUITE 330 MIRAMAR, FL 33027 US	Mailing Address 3401 SW 160TH AVE SUITE 330 MIRAMAR, FL 33027 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03062007 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 65-0255168	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
DIAZ, MARLENE MRS 3401 SW 160TH AVE SUITE 330 MIRAMAR, FL 33027	

7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MARLENE DIAZ, DIRECTOR OF OPERATIONS, S.F.L. 3/8/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DIAZ, MARLENE MRS 3401 SW 160TH AVE SUITE 330 MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200096374382 04/10/07--01048--025 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BECKER, GLENN 2901 SW 149TH AVE STE 120 MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Andrew Kennedy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3401 SW 160th Avenue, Suite 330 Miramar, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Allison Adler <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3401 SW 160th Avenue, Suite 330 Miramar, FL 33027
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
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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: MARLENE DIAZ, DIR. OF OPERATIONS, S.F.L. 3/8/07 (35) 267-8062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #