

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N45180

1. Entity Name
**HUNTINGTON WATER MANAGEMENT ASSOCIATION,
INC.**



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**

FILED
Jul 25, 2008 08:00 AM
Secretary of State



07082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DIAZ, MARLENE MRS
3401 SW 160TH AVE
SUITE 330
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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000956315
07/25/08-80003-005 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DIAZ, MARLENE MRS
STREET ADDRESS 3401 SW 160TH AVE SUITE 330
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE V
NAME KENNEDY, ANDREW
STREET ADDRESS 3401 SW 160TH AVE SUITE 330
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE ST
NAME ADLER, ALLISON
STREET ADDRESS 3401 SW 160TH AVE SUITE 330
CITY-ST-ZIP 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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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARLENE DIAZ, President

7/9/08

306-207-8062