

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N48383

1. Entity Name

FLORIDA ASSOCIATION OF SPECIAL DISTRICTS, INC.



Principal Place of Business

2713 BLAIRSTONE LANE
TALLAHASSEE, FL 32301 US

Mailing Address

2713 BLAIRSTONE LANE
TALLAHASSEE, FL 32301 US



02212006 No Chg-NP

CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0332541

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, FRED
2713 BLAIRSTONE LANE
TALLAHASSEE, FL 32301

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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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PED
NAME OPP, BILL
STREET ADDRESS P.O. BOX 60005
CITY-STATE-ZIP FORT MYERS, FL 33906

TITLE PD
NAME BONDE, JOHN
STREET ADDRESS 13476 61ST ST. N.
CITY-STATE-ZIP FORT MYERS, FL 33906

TITLE VPD
NAME ANGLE, JAMES J
STREET ADDRESS 250 W. LAKE RD.
CITY-STATE-ZIP PALM HARBOR, FL 34684

TITLE TD
NAME BARDIN, O'NEAL JR.
STREET ADDRESS 357 HIATT DR.
CITY-STATE-ZIP PALM BEACH GARDENS, FL 33418

TITLE SEC
NAME SAUNIER, CLETE
STREET ADDRESS P.O. BOX 407
CITY-STATE-ZIP LOXAHATCHEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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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

2/24/06

Date

(954) 472-5596

Daytime Phone #