2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N48383

Entity Name: FLORIDA ASSOCIATION OF SPECIAL DISTRICTS, INC.

Current Principal Place of Business:

2713 BLAIRSTONE LANE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

2713 BLAIRSTONE LANE
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 65-0332541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAWFORD, FRED
2713 BLAIRSTONE LANE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	ANGLE, JAMES J	
Address:	250 W. LAKE RD.	
City-St-Zip:	PALM HARBOR, FL 34684	
Title:	P-P	( ) Delete
Name:	BONDE, JOHN	
Address:	12794 W. FOREST HILL BLVD.	
City-St-Zip:	WEST PALM BEACH, FL 33414	
Title:	P-EL	( ) Delete
Name:	SAUNIER, CLETE	
Address:	P.O. BOX 407	
City-St-Zip:	LOXAHATCHEE, FL 33470	
Title:	VP	( ) Delete
Name:	BARDIN, O'NEAL JR.	
Address:	357 HIATT DR.	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	SEC	( ) Delete
Name:	LINDSAY, DAVID	
Address:	601 EAST COUNTY LN.	
City-St-Zip:	LEHIGH ACRES, FL 33936	
Title:	T	( ) Delete
Name:	QUICKEL, TANYA	
Address:	357 HIATT DR.	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TANYA QUICKEL TREA 01/28/2009
Electronic Signature of Signing Officer or Director — Date