2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50023

FILED Apr 29, 2009 Secretary of State

Entity Name: WATER MANAGEMENT INSTITUTE, INC.

Current Principal Place of Business:		New Princ	New Principal Place of Business:		
31 WEST 2 SUITE 202 RIVIERA BE	0TH ST EACH, FL 33404	4 US			
Current Mailing Address:			New Maili	New Mailing Address:	
P.O. BOX 1 RIVIERA BE	0441 EACH, FL 33419	9 US			
FEI Number:	59-3133873	FEI Number Applied For()	FEI Number Not Appl	icable () Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
WARD, GERALD M 31 W 20TH ST SUITE 202 RIVIERA BEACH, FL 33404 US					
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 Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DV () De LINDAHL, LENNAR 3550 SW CORPOI PALM CITY, FL 34	RT J P.E. RATE PKWY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () De BLAIN, L. M. 801 S BOULEVAR TAMPA, FL 33606	D	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BLAIN, L M 801 S BOULEVARD TAMPA, FL 33606	
Title: Name: Address: City-St-Zip:	D () De BENTLEY, CHRIS 2548 BLAIRSTONI TALLAHASSEE, FI	H E PINES DRIVE	Title: Name: Address: City-St-Zip:	DT (X) Change () Addition ROBERTSON, ALTON F 2400 S OCEAN DR, #4302 FORT PIERCE, FL 34949	
Title: Name: Address: City-St-Zip:	DP () De HIGGINS, ROBER 4623 FOREST HIL WEST PALM BEAG	T W .L BLVD., STE. 113	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () De MANSON, DOUGL 712 S. OREGON A TAMPA, FL 33602	AS J ESQUIRE AVENUE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MANSON, DOUGLAS J ESQUIRE 712 S. OREGON AVENUE TAMPA, FL 33606 US	
Title: Name: Address: City-St-Zip:	S () De WARD, GERALD M 31 W 20TH ST., SI RIVIERA BEACH, I	vI UITE 202	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: GERALD M WARD S 04/29/2009