

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
97 OCT 23 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N51289 (9)

1. Corporation Name

FLORIDA SECTION, AMERICAN WATER RESOURCES ASSOCIATION, INC.



Principal Place of Business  
1301 RIVER PLACE BLVD.  
SUITE 1500  
JACKSONVILLE FL 32207  
US

Mailing Address  
1301 RIVERPLACE BLVD.  
SUITE 1500  
JACKSONVILLE FL 32207  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 100 S. Ashley Drive Suite, Apt. #, etc. 22 Suite 1190 City & State 23 Tampa, FL Zip 24 33601 Country 25 USA	2a. Mailing Address 26 100 S. Ashley Drive Suite, Apt. #, etc. 27 Suite 1190 City & State 28 Tampa, FL Zip 29 33601 Country 30 USA	3. Date Incorporated or Qualified 10/14/1992	3a. Date of Last Report 01/31/1996	4. FEI Number 59-3176538	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKER, MARCIA PENMAN  
1301 RIVERPLACE BLVD.  
SUITE 1500  
JACKSONVILLE FL 32207

81 Name Doug MANSON	82 Street Address (P.O. Box Number is Not Acceptable) 100 S. Ashley Drive, Suite 1190	83	84 City Tampa, FL	85 Zip Code 33601
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADERA, CHARLES A. P.O. BOX 1420 Highway 100 West PALATKA FL 32177	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800002330868-9 -10/27/97--01160--002 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, JOHN J. 8881 WINDY CIRCLE BOYNTON BEACH FL 33431	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, GERALDM. 31 W. 20TH ST. RIVERIA BEACH FL 33419	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOWALSKY, CARLYN H. 1000 COLOR PLACE APOPKA FL 32703	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, MARCIA PENMAN 1301 RIVERPLACE BLVD., SUITE 1500 JACKSONVILLE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MANSON, Doug 100 S. Ashley Drive, Suite 1190 Tampa, Florida 33601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition South A. Alan 10/23/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE REQUIRED

GR2E037 (4/97)