

FILE NOW: FILING FEE IS \$61.25

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Jul 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N51289** (9)

1. Corporation Name

FLORIDA SECTION, AMERICAN WATER RESOURCES ASSOCIATION, INC.



Principal Place of Business	Mailing Address
100 SOUTH ASHLEY DRIVE SUITE 1190 TAMPA FL 33601 US	100 SOUTH ASHLEY DRIVE SUITE 1190 TAMPA FL 33601 US

2. Principal Place of Business	2a. Mailing Address
21 4575 Carter Road	26 4575 Carter Road
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State St. Augustine, FL	28 City & State St. Augustine, FL
24 Zip 32086	29 Zip 32086
25 Country USA	30 Country USA

3. Date Incorporated or Qualified	10/14/1992
4. FEI Number	59-3176538
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MANSON, DOUG 100 S. ASHLEY DRIVE, SUITE 1190 TAMPA FL 33601	81 Name Michael G. Cullum 82 Street Address (P.O. Box Number is Not Acceptable) 4575 Carter Road 83 84 City St. Augustine FL 85 Zip Code 32086

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADERA, CHARLES A.	1.2 NAME	
STREET ADDRESS	HIGHWAY 100 WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAN, JOHN J.	2.2 NAME	Rick J. Stebalsky
STREET ADDRESS	8881 WINDY CIRCLE	2.3 STREET ADDRESS	5405 Cypress Center Drive #200
CITY-ST-ZIP	BOYNTON BEACH FL 33437	2.4 CITY-ST-ZIP	TAMPA, FL 33609
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, GERALD M.	3.2 NAME	Michael G. Cullum
STREET ADDRESS	31 W. 20TH ST.	3.3 STREET ADDRESS	4575 Carter Road
CITY-ST-ZIP	RIVERIA BEACH FL 33419	3.4 CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOWALSKY, CARLYN H.	4.2 NAME	
STREET ADDRESS	1000 COLOR PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANSON, DOUG	5.2 NAME	
STREET ADDRESS	100 SOUTH ASHLEY DRIVE, SUITE 119	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33601	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:  Michael Cullum 7/10/98 (904) 730-6270

CR2E037 (1097)