2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51289

FILED Apr 14, 2009 Secretary of State

Entity Name: FLORIDA SECTION, AMERICAN WATER RESOURCES ASSOCIATION, INC.

Current Principal Place of Business:			New Prin	New Principal Place of Business:		
	TER POINTE D	RIVE				
SUITE #11 FORT MY	12 ERS, FL 33916	S US				
Current Mailing Address:			New Mail	New Mailing Address:		
4100 CEN	TER POINTE D	DRIVE				
SUITE #11						
	: 59-3176538	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and	d Address of N	lew Registered Agent:	
	LD, RONALD M					
SUITE #11						
	e named entity s e of Florida.	submits this statement for the	purpose of changing	its registered o	ffice or registered agent, or both	
SIGNATUI	RE:					
Electronic Signature of Registered Agent			 jent		Date	
OFFICERS AND DIRECTORS:			ADDITIO	NS/CHANGES	TO OFFICERS AND DIRECTO	
Fitle: Name: Address: Dity-St-Zip:	D () EDENFIELD, RO 4100 CENTER I FORT MYERS,	POINTE DRIVE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Fitle: Name: Address: City-St-Zip:	VOGEL, CATHL 5759 JOHN AND	Delete EEN C PRES DERSON HIGHWAY CH, FL 32136 US	Title: Name: Address: City-St-Zip:	D (X) YINGLING, JAY 2379 BROAD S BROOKSVILLE	TREET	
Fitle: Name: Address: City-St-Zip:	D () YINGLING, JAY 2379 BRAOD S' BROOKSVILLE	TREET	Title: Name: Address: City-St-Zip:	D (X) WATT, DAVID F 4049 REID STF PALATKA, FL	REET	
	D ()	Delete	Title: Name:	D (X) CARTER, ANNE 719 N.W. SUNS		
Name: Nddress:	WATT, DAVID R 4049 REID STR PALATKA, FL 3	EET	Address: City-St-Zip:	STUART, FL 3	4994 US	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip:	WATT, DAVID R 4049 REID STR PALATKA, FL 3	EET 2177 US Delete CK R ROAD, # 200		STUART, FL 3- D (X) VOGEL, CATH) 5759 JOHN AN) 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: RONALD M. EDENFIELD TRES 04/14/2009