

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northern Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004021 (2)**

1. Corporation Name

FLORIDA WATER WISE COUNCIL, INC.

Principal Place of Business

Mailing Address

SPWMD
1756 ORLANDO CENTRAL PKWY
ORLANDO FL 32809

P.O. BOX 617365
ORLANDO FL 32861-7365



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/07/1993

4. FEI Number

59-3191095

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

N/A

10. Name and Address of New Registered Agent

KOWALSKY, CARLYN E
C/O FLORIDA WATER SERVICES CORP.
1000 COLOR PLACE
APOPKA FL 32703

81 Name

Terrell K. Higgs

82 Street Address (P.O. Box Number is Not Acceptable)

2010 N.W. First St.

83

84 City

Delray Beach

FL

85

Zip Code

33445

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

Terrell K. Higgs

Terrell K. Higgs

Treas.

4/14/98

Signature, typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOWALSKY, ANDY	
STREET ADDRESS	255 S. ORANGE AVE SUITE 701	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SNOWMAN, KAREN	
STREET ADDRESS	8100 PRESIDENTS DRIVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KOWALSKY, CARLYN	
STREET ADDRESS	1000 COLOR PLACE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FOLEY, KATHY	
STREET ADDRESS	2370 BROAD STREET	
CITY-ST-ZIP	BROOKSVILLE FL 34809	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	HAMMEL, RON	
STREET ADDRESS	P.O. BOX 1319 N/A	
CITY-ST-ZIP	LA BELLE FL 33935	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NERO, WENDY L	
STREET ADDRESS	P.O. BOX 21647 N/A	
CITY-ST-ZIP	TAMPA FL 33622-1647	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hammel, Ron	
1.3 STREET ADDRESS	P.O. Box 1319 N/A	
1.4 CITY-ST-ZIP	La Belle, FL 33935	
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Snowman, Karen	
2.3 STREET ADDRESS	8100 Presidents Dr.	
2.4 CITY-ST-ZIP	Orlando, FL 32809	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Foley, Kathy	
3.3 STREET ADDRESS	2370 Broad St.	
3.4 CITY-ST-ZIP	Brooksville, FL 34609	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Higgs, Terrell	
4.3 STREET ADDRESS	2010 N.W. First St.	
4.4 CITY-ST-ZIP	Delray Beach, FL 33445	
5.1 TITLE	None	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	None	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Terrell K. Higgs

Treas. / Dir. 4/14/98

561-278-3320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (10/97)