SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## N93000004021 DOCUMENT #

1. Corporation Name

FLORIDA WATER WISE COUNCIL, INC.

Principal Place of Business 1756 ORLANDO CENTRAL PKWY ORLANDO FL 32809

Mailing Address

P.O. BOX 617365 ORLANDO FL 32861-7365

## **FILED** Aug 30, 1999 8:00 am Secretary of State

08-30-1999 90008 042 \*\*\*\*61.25

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2. Principal Pl	ace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed		
21		T T T T T T T T T T T T T T T T T T T	icaster Rd.			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	220	4. FEI Number 59-3191095	Applied For	
22		27 PMB		29-2 (9 (092	Not Applicable	
City & State		City & State	Et.	5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
23	Country	28 Ur ando	Country			
Zip	Country	zig32809	a ÚSA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	9. Name and Address of Current	11	WOR	10. Name and Address of New Register		
81 Name						
HICCO TENDELL V						
HIGGS, TERRELL K			82 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable)		
2010 NW 1ST STREET						
DELRAY BEACH FL 33445						
	Single Francisco		84 City	F	85 Zip Code	
11 Purcuant t	to the provisions of Sections 617 0502	and 617 1508 Florida Statutes	the above-named co	progration submits this statement for the purpose	of changing its registered	
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 - 10 N. O.V. V. H. T. T. V. A.S. T. V. C. S.						
SIGNATURE	Signature, typed or printed name of registered agric		Y (2   K. +) Registered Agent signature requ		<u> </u>	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	Treasurer Director	☐ Change	
NAME	KOWALSKY, ANDY	/	1.2 NAME	Terrell K. Hydds		
STREET ADDRESS	255 S. ORANGE AVE SUITE 70	1	1.3 STREET ADDRESS	2010 NW First St.		
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY-ST-ZIP	Delray Beach FL 334	45	
TITLE	D	☐ DELETE	2.1 TITLE	Director V. Pres	∑Change	
NAME	SNOWMAN, KAREN		2.2 NAME	Snowman Karen		
STREET ADDRESS	8100 PRESIDENTS DRIVE		2.3 STREET ADDRESS	same		
CITY-ST-ZIP	ORLANDO FL 32809		2. 4 CITY-ST-ZIP			
TITLE	Р	DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	KOWALSKY, CARLYN		3.2 NAME			
STREET ADDRESS	1000 COLOR PLACE		3.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32703		3.4. CITY-ST-ZIP			
TITLE	S	☐ DELETE	4.1 TITLE	Director / Secretary	☐ Change ☐ Addition	
NAME	FOLEY, KATHY		4.2 NAME	souce 1		
STREET ADDRESS	2379 BROAD STREET		4.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL 34609		4.4 CITY-ST-ZIP			
TTILE	DVP	☐ DELETE	5.1 TITLE	Director & Pres.	Change Addition	
NAME	HAMMEL, RON		5.2 NAME	Hamel, Ron	ļ	
STREET ADORESS	P.O. BOX 1319 N/A		5.3 STREET ADDRESS	game		
CITY-ST-ZIP	LA BELLE FL 33935		5.4 CITY-ST-ZIP	J <i>o</i> w		
TITLE	D	DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	NERO, WENDY L	,	6.2 NAME			
STREET ADDRESS	P.O. BOX 21647 N/A		6.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33622-1647		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 chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE: