2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2007 8:00 am Secretary of State

01-26-2007 90040 043 ****61.25

DOCUMENT # N9300005601 1. Entity Name FOWLER'S BLUFF WATER SYSTEM ASSOCIATION, INC.						01-26-2007 90040 043 ****61.25				
Principal Place of Business Mailing Address 15002 N.W. 46TH LANE CHIEFLAND, FL 32626 US CHIEFLAND, FL 32626 US					4.58846781414	6000 (S ttil SS 181 1181	IIIC 81 (48)	
2. Principal Pl	lace of Business - No P.O. Box #	ng Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01082007	Chg-NP	CR2E037	(12/06)	
City & State		City & State				4. FEI Number 59-3214				plied For
Zip	Country Z		Country			59-3214062 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current	t Registered	d Agent		_	7. Name and A	Address of New			
		_		Name	9		· -			
ROESCH, ANITA 15411 NW 46TH LANE CHIEFLAND, FL 32626				Stree	Street Address (P.O. Box Number is Not Acceptable)					
				City			 -	FL	Zip Code	;
	named entity submits this statement finds of registered agent.	or the purpo	ose of changing its re	agistered office	or register	red agent, or both	, in the State of F	lorida. I am fan	niliar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agen		0,075							
	Signature, typed or printed name or registered agen	ii and title ir aboli								
			Kapa (NOIZ	Registered Agent sig	nature required	d when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Camp Trust Fund Co	paign Financin	 	\$5.00 May Be Added to Fees		Make check porida Departm		
10.	OFFICERS AND D		9. Election Camp	paign Financin	9 🗆	\$5.00 May Be	Flo	Make check p orida Departm	ent of Sta	ate
10. TITLE	Due by May 1, 2007		9. Election Camp	paign Financin Intribution	9 🗆	\$5.00 May Be Added to Fees	Flo	Make check porida Departm	ent of Sta	ate
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indicated on this report or supplied with this lung goes not quality for the exemptions contained in Chapter 119, Florida statutes. I further certify that the information indicated on this report or suppliemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: