

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005601

FILED
Jan 05, 2009
Secretary of State

Entity Name: FOWLER'S BLUFF WATER SYSTEM ASSOCIATION, INC.

Current Principal Place of Business:

15002 N.W. 46TH LANE
CHIEFLAND, FL 32626 US

New Principal Place of Business:

Current Mailing Address:

15002 N.W. 46TH LANE
CHIEFLAND, FL 32626 US

New Mailing Address:

FEI Number: 59-3214062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAGUEUX, RON
4496 NW 152 AVE
CHIEFLAND, FL 32626 US

Name and Address of New Registered Agent:

LAGUEUX, RON
4496 NW 152 AVE
CHIEFLAND, FL 32626 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RON LAGUEUX

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAGUEUX, RON
Address: 4496 NW 152 AVE
City-St-Zip: CHIEFLAND, FL 32626

Title: V () Delete
Name: WOERNER, DAVE
Address: 15491 NW 46TH LANE
City-St-Zip: CHIEFLAND, FL 32626

Title: S () Delete
Name: HALE, JAMES
Address: 4130 NW 153RD CT
City-St-Zip: CHIEFLAND, FL 32626

Title: T () Delete
Name: NELSON, BILLY
Address: 15450 NW 42 LN
City-St-Zip: CHIEFLAND, FL 32626

Title: D (X) Delete
Name: MINES, HAROLD
Address: 4510 NW 152 AVE
City-St-Zip: CHIEFLAND, FL 32626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAGUEUX, RON
Address: 4496 NW 152 AVE
City-St-Zip: CHIEFLAND, FL 32626

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MINES, HAROLD
Address: 4510 NW 152ND AVE.
City-St-Zip: CHIEFLAND, FL 32626

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RON LAGUEUX

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

Date