

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000991 (9)

1. Corporation Name

HILLSBOROUGH COUNTY WATER AND WASTEWATER UTILITIES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% FLORIDA CITIES WATER CO.- DURWOOD HORAK
10033-A N. DALE MABRY
TAMPA FL 33618
US

% FLORIDA CITIES WATER CO.- DURWOOD HORAK
10033-A N. DALE MABRY
TAMPA FL 33618
US

3. Date Incorporated or Qualified
02/24/1994

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Florida Cities Water Co.

26 Florida Cities Water Co.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 10033-A N. Dale Mabry

27 10033-A N. Dale Mabry

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip

Country

Zip

Country

24 33618

25 Hillsborough

29 33618

30 Hillsborough

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUHR, GERALD T ESQ.
18227 CLEAR LAKE DRIVE
LUTZ FL 33549**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HORAK, DURWOOD	
STREET ADDRESS	10923 N. DALE MABRY HWY.	
CITY - ST - ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DELUCENAY, LARRY	
STREET ADDRESS	1900 LAND O'LAKES BLVD., SUITE 113	
CITY - ST - ZIP	LUTZ FL 33549	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SANDERSON, FRANK	
STREET ADDRESS	1000 COLOR PLACE	
CITY - ST - ZIP	APOPKA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOTALING, JOHN	
STREET ADDRESS	6608 WALTON WAY	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Durwood Horak, President

Date

Daytime Phone #

1-1P-96

(813) 961-8760

CR2E037 (12/95)