

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002374

FILED
Jan 15, 2009
Secretary of State

Entity Name: FLORIDA STORMWATER ASSOCIATION, INC.

Current Principal Place of Business:

719 E PARK AVE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 867
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-3245975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPITZER, KURT
719 EAST PARK AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALTER, CHARLES
Address: 306 E. JACKSON ST.
City-St-Zip: TAMPA, FL 33602

Title: VP () Delete
Name: GUILLORY, BLAKE
Address: 1800 S. AUSTRALIAN AVE. #202
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: ORNBERG, KIM
Address: 520 W. LAKE MARY BLVD. #200
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: GOMEZ, BLAS J
Address: 300 W. VIRGINIA ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: SPITZER, KURT
Address: 719 EAST PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GUILLORY, BLAKE
Address: 1475 CENTREPARK BLVD., STE 210
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP (X) Change () Addition
Name: ORNBERG, KIM
Address: 177 BUSH BLVD.
City-St-Zip: SANFORD, FL 32773

Title: S/T (X) Change () Addition
Name: BATEMAN, MICHAEL
Address: 2252 KILLEARN CENTER BLVD., DELANEY 2-D
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Change () Addition
Name: CHARLES, WALTER
Address: 306 E. JACKSON ST., 6N
City-St-Zip: TAMPA, FL 33602

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: KURT SPITZER

D

01/15/2009

Electronic Signature of Signing Officer or Director

Date