

# 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 # N95000005437 (7)

1. Corporation Name

MCPHAIL STORMWATER MANAGEMENT AND VEHICULAR ACCESS ASSOCIATION, INC.

Principal Place of Business

5770 JOHNSON LAKE ROAD  
DELEON SPRINGS FL 32130

Mailing Address

5770 JOHNSON LAKE ROAD  
DELEON SPRINGS FL 32130



3. Date Incorporated or Qualified  
11/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1535 Ranger Ave

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 DeLeon, Fla.

28 City & State

24 32724 25 USA

29 30 Zip Country

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

81 Name McPhail, John W  
82 Street Address (P.O. Box Number is Not Acceptable)  
5770 Johnson Lake Rd  
83  
84 City DeLeon Springs FL 85 Zip Code 32130

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 John W. McPhail

John W. McPhail

2/8/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME McPhail, John W  
STREET ADDRESS 5770 Johnson Lake Rd  
CITY-ST-ZIP DeLeon Springs Fla 32130  
TITLE VD  
NAME McPhail, Michael L.  
STREET ADDRESS 4050 Park Ave  
CITY-ST-ZIP DeLeon, Fla - 32720  
TITLE TD  
NAME McPhail, Claudia M.  
STREET ADDRESS 4050 Park Ave  
CITY-ST-ZIP DeLeon, Fla - 32720  
TITLE SD  
NAME McPhail, Carolyn B.  
STREET ADDRESS 5770 Johnson Lake Rd.  
CITY-ST-ZIP DeLeon Springs, Fla - 32130  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

800001786438  
-04/19/96--01007--002

\*\*\*61.25

Change Addition

Change Addition

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

2/8/96

904-734-7900

Date

Daytime Phone #

CR2E037 (12/95)