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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N98000005130**

1. Corporation Name

**CHASSAHOWITZKA WATER & SEWER, INCORPORATED**

Principal Place of Business

C/O GENE PELT  
8440 WEST HERON CT  
HOMOSASSA FL 34448

Mailing Address

C/O GENE PELT  
8440 WEST HERON CT  
HOMOSASSA FL 34448



2. Principal Place of Business

21 8141 W. Pin Oak Ct

Suite, Apt. #, etc.

22 Homosassa/Chassahowitzka

City & State

23 Chassahowitzka Fl.

Zip

24 34448

Country

25 U.S.A.

2a. Mailing Address

26 Gary Bibeau

Suite, Apt. #, etc.

27 8141 W. Pin Oak Ct.

City & State

28 Homosassa Fl.

Zip

29 34448

Country

30 U.S.A.

3. Date Incorporated or Qualified

09/02/1998

4. FEI Number

59-3550768

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

9. Name and Address of Current Registered Agent

BRADLEY, DARLENE  
10086 S RIVIERA PT  
CHASSAHOWITZKA FL

10. Name and Address of New Registered Agent

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 ☒ DELETE  
NAME PELT, GENE  
STREET ADDRESS 8440 WEST HERON CT  
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE VSD ☐ DELETE  
NAME CASE, LESLIE  
STREET ADDRESS C/O 8440 WEST HERON CT  
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE TSD ☒ DELETE  
NAME TAROCHIONE, JULIE  
STREET ADDRESS 8198 WEST BOUNTY CT  
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE D ☒ DELETE  
NAME BRADLEY, DARLENE  
STREET ADDRESS 10086 S RIVIERA PT  
CITY-ST-ZIP CHASSAHOWITZKA FL

TITLE D ☒ DELETE  
NAME BIBEAU, GARY  
STREET ADDRESS 8141 W PINE OAK CT  
CITY-ST-ZIP CHASSAHOWITZKA FL

TITLE D ☒ DELETE  
NAME STAFFORD, BRIAN  
STREET ADDRESS C/O 8440 WEST HERON CT  
CITY-ST-ZIP HOMOSASSA FL 34448

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME ~~Gene~~ Bibeau Gary  
1.3 STREET ADDRESS 8141 W. Pin Oak Ct.  
1.4 CITY-ST-ZIP Homosassa, Fl 34448

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE TSD ☒ Change ☐ Addition  
3.2 NAME ~~BRADLEY, DARLENE~~  
3.3 STREET ADDRESS 10086 S. Riviera Pt.  
3.4 CITY-ST-ZIP Homosassa Fl. 34448

4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME TAROCHIONE Julie  
4.3 STREET ADDRESS 8198 W. Bounty Ct.  
4.4 CITY-ST-ZIP Homosassa Fl. 34448

5.1 TITLE D ☒ Change ☐ Addition  
5.2 NAME ~~Gene~~ Pelt, Gene  
5.3 STREET ADDRESS 8440 West Heron Ct.  
5.4 CITY-ST-ZIP Homosassa, Fl. 34448

6.1 TITLE D ☒ Change ☒ Addition  
6.2 NAME Corona, Hope  
6.3 STREET ADDRESS 10024 S. Riviera Pt.  
6.4 CITY-ST-ZIP Homosassa Fl. 34448

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Darlene Bradley* **DARLENE BRADLEY**

4/30/99 352-382-0813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (1/98)