

P07000115571

Thornton & Torrence, P.A.
Attorneys at Law

RONALD G. THORNTON
ALFRED W. TORRENCE, JR.

6645 RIDGE ROAD
PORT RICHEY, FL 34668
Phone: 727-845-6224
Fax: 727-845-7895

email: atorrence@thorntontorrence.com

100111292271

October 22, 2007

Fax: 850-245-6804

Re: SOUTHEAST WATER TESTING, LLC L07000102741
SOUTHEAST WATER TESTING, INC. W07000050913

Attn: Diane

Diane,


Per our recent telephone conversation, this letter is to advise the Florida Department of State Division of Corporations that Southeast Water Testing, LLC is owned and operated by the same Managing Member as Southeast Water Testing, INC. The owners decided they wanted to change the company from LLC to INC. The dissolution paperwork and fee was mailed 10/15/07.

Thank you for your assistance.

Debby Robinson

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-22-2007 90009003 *****61.25
N03000002523

DOCUMENT # N03000002523					
1. Entity Name PONZA PLACE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1401 LANDS END RD MANALAPAN, FL 33462		Mailing Address 1401 LANDS END RD MANALAPAN, FL 33462			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 42-1607002	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ABBenante, RALPHE Linda Shovick 1401 LANDS END RD MANALAPAN, FL 33462				7. Name and Address of New Registered Agent Linda Shovick 4095 Ponza Place Lake Worth Fm 33462	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Linda Shovick</i></u> 2-16-07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Linda Shovick 4095 Ponza Place Lake Worth Fm 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Gona AFRICANO 4108 Ponza Place Lake Worth Fm 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Anthony V. take 4119 Ponza Place Lake Worth Fm 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Linda Shovick</i></u>			Date 2/16/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		