

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001887

Entity Name: FLORIDA ASSOCIATION FOR WATER QUALITY CONTROL, INC.**Current Principal Place of Business:**1000 ASHLEY DRIVE
#100
TAMPA, FL 33602**Current Mailing Address:**PO BOX 89517
TAMPA, FL 33689 US**FEI Number:** 59-3755402**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIMS, ROGER
200 SOUTH ORANGE AVENUE
SUITE 2600
ORLANDO, FL 32801 US*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:** ROGER SIMS

03/05/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST PRESIDENT
Name DEITCHE, SCOTT
Address 1000 NORTH ASHLEY STREET
SUITE 100
City-State-Zip: ST. PETERSBURG FL 33602

Title DIRECTOR
Name ZAMANI, SAM
Address 3925 COCONUT PALM DRIVE
#115
City-State-Zip: TAMPA FL 33619

Title SECRETARY
Name O'BRIEN, DAVID
Address 10220 U.S. HIGHWAY 92 EAST
City-State-Zip: TAMPA FL 33610

Title DIRECTOR
Name CHEUNG, FRANCIS
Address 3925 COCONUT PALM DR # 115
City-State-Zip: TAMPA FL 33619

Title DIRECTOR
Name TICKLES, RYAN
Address 7450 CR 630
City-State-Zip: MULBERRY FL 33860

Title TREASURER
Name HULL, JONATHAN
Address 111 KELSEY LANE
SUITE E
City-State-Zip: TAMPA FL 33619

Title PRESIDENT
Name BALCOM, ILIA
Address 299 1ST AVENUE N
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR
Name SATHE, VISHWAS
Address 13051 N. TELECOM PARKWAY
City-State-Zip: TEMPLE TERRACE FL 33637

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I hereby 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 all other like empowered.

SIGNATURE: JONATHAN E HULL

TREASURER

03/05/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SIMS, MICHELLE
Address PO DRAWER L
City-State-Zip: PLANT CITY FL 33564

Title DIRECTOR
Name KELLY, CARRIE
Address 8306 LAUREL FAIR CIRCLE
STE 120
City-State-Zip: TAMPA FL 33610

Title VP
Name ANDERSON, TODD
Address 12802 TAMPA OAKS BLVD
STE 151
City-State-Zip: TAMPA FL 33637

Title DIRECTOR
Name O'NEAL, GREG
Address 5100 W LEMON ST # 208
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name WISSLER, MATTHEW
Address 12802 TAMPA OAKS BLVD SUITE 151
City-State-Zip: TAMPA FL 33637