

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000009114

**FILED**  
**May 05, 2019**  
**Secretary of State**  
**2239962782CC**

**Entity Name:** S.W. 37TH BLVD. STORMWATER BASIN MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

3501 SOUTH MAIN STREET SUITE 1,  
GAINESVILLE, FL 32601

**Current Mailing Address:**

3501 SOUTH MAIN STREET SUITE 1,  
GAINESVILLE, FL 32601

**FEI Number:** 82-2581135

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SALTER, JAMES D  
3940 NW 16TH BLVD., BUILDING B  
GAINESVILLE, FL 32605 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DV  
Name HENDERSON, JAMES D II  
Address 3501 SOUTH MAIN STREET SUITE 1,  
City-State-Zip: GAINESVILLE FL 32601

Title DP  
Name HENDERSON, FREDERICK L  
Address 3501 SOUTH MAIN STREET SUITE 1,  
City-State-Zip: GAINESVILLE FL 32601

Title DST  
Name SALTER, JAMES D  
Address 3940 NW 16TH BLVD., BUILDING B,  
City-State-Zip: GAINESVILLE FL 32605

*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: HENDERSON, FREDERICK L

DP

05/05/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date