

**2020 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N16000009114

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

**FILED**  
**Oct 22, 2020**  
**Secretary of State**  
**2925880398CR**

**Current Principal Place of Business:**

720 SW 2ND AVENUE  
SOUTH TOWER, SUITE 300  
GAINESVILLE, FL 32601

**Current Mailing Address:**

720 SW 2ND AVE  
SOUTH TOWER, SUITE 300  
GAINESVILLE, FL 32601 US

**FEI Number: 82-2581135**

**Certificate of Status Desired: No**

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

REYES, SERGIO  
720 SW 2ND AVENUE, SOUTH TOWER  
SUITE 300  
GAINESVILLE, FL 32601 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: SERGIO REYES**

**10/22/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP, PRESIDENT  
Name PATEL, NILESH  
Address 450 SW FLORIDA GATEWAY DRIVE  
City-State-Zip: LAKE CITY FL 32024

Title DV, VP  
Name WALLS, CARL  
Address 3436 WEST UNIVERSITY AVENUE  
City-State-Zip: GAINESVILLE FL 32607

Title D  
Name REYES, SERGIO  
Address 720 SW 2ND AVENUE  
SOUTH TOWER, SUITE 300  
City-State-Zip: GAINESVILLE FL 32601

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

*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: NILESH PATEL**

**10/22/2020**

Electronic Signature of Signing Officer/Director Detail

Date