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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:14

DOCUMENT # 754941 (3)

1. Corporation Name
COMMUNITY WATER CO-OP, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1107 SILVER SPRINGS FL 34489 US	P.O. BOX 1107 SILVER SPRINGS FL 34489 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1980
3a. Date of Last Report: 02/04/1994
4. FEI Number: NOT APPLICABLE ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 P. O. Box 1107	26 P. O. Box 1107
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Silver Springs, Fl.	28 Silver Springs, Fl.
24 Zip 34489 / 25 Country Marion	29 Zip 34489 / 30 Country Marion

9. Name and Address of Current Registered Agent

~~WEHRING, NICHOLAS A.~~
~~18690 S.E. 213T PLACE~~
~~SPRINGS FL 34488~~

10. Name and Address of New Registered Agent

81 Name: James R. Kilmer
82 Street Address (P.O. Box Number is Not Acceptable): 1855 S. E. 185th Court
83
84 City: Silver Springs, Fl. FL 85 Zip Code: 34488

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: James R Kilmer — James R. Kilmer-President — 2-3-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D--President ☑ Change ☐ Addition
NAME	MAHERS, LOUIS	1.2 NAME	James R. Kilmer
STREET ADDRESS	18571 S.E. 18TH ST.	1.3 STREET ADDRESS	1855 S. E. 185th Court
CITY-ST-ZIP	SILVER SPRINGS FL	1.4 CITY-ST-ZIP	Silver Springs, Fl. 34488
TITLE	PD	2.1 TITLE	V/D--Vice President ☐ Change ☐ Addition
NAME	~~WEHRING, NICHOLAS A.~~	2.2 NAME	Eugene C. Brown
STREET ADDRESS	~~18690 S.E. 213T. PLACE~~	2.3 STREET ADDRESS	18625 S. E. 19th Street
CITY-ST-ZIP	~~SILVER SPGS, FL 00000~~	2.4 CITY-ST-ZIP	Silver Springs, Fl. 34488
TITLE	D	3.1 TITLE	D----Director ☐ Change ☐ Addition
NAME	CRABBS, RICAHRD	3.2 NAME	Louis E. Mahers
STREET ADDRESS	18560 S.E. 18TH ST.	3.3 STREET ADDRESS	13571 S. E. 18th Street
CITY-ST-ZIP	SILVER SPRGS, FL 00000	3.4 CITY-ST-ZIP	Silver Springs, Fl. 34488
TITLE	D	4.1 TITLE	D----Director ☐ Change ☐ Addition
NAME	KILMER, JAMES R.	4.2 NAME	Richard L. Crabbs
STREET ADDRESS	1855 S.E. 185TH. CT.	4.3 STREET ADDRESS	13560 S. E. 18th Street
CITY-ST-ZIP	SILVER SPRINGS FL	4.4 CITY-ST-ZIP	Silver Springs, Fl. 34488
TITLE	VD	5.1 TITLE	D----Director ☑ Change ☐ Addition
NAME	BROWN, EUGENE C.	5.2 NAME	Jack D. Sprenkel
STREET ADDRESS	18625 S.E. 19TH ST.	5.3 STREET ADDRESS	1250 S. E. 187th Avenue
CITY-ST-ZIP	SILVER SPRGS, FL 00000	5.4 CITY-ST-ZIP	Silver Springs, Fl. 34488
TITLE	ST	6.1 TITLE	S/T--Secretary & Treasure ☐ Change ☐ Addition
NAME	BROWN, SHIRLEY A.	6.2 NAME	Shirley A. Brown
STREET ADDRESS	18625 S.E. 19TH ST.	6.3 STREET ADDRESS	18625 S. E. 19th Street
CITY-ST-ZIP	SILVER SPRGS, FL 00000	6.4 CITY-ST-ZIP	Silver Springs, Fl. 34488

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: James R Kilmer — 2-3-95 — 904-625-3427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005814