


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 754941 (3) 1. Corporation Name COMMUNITY WATER CO-OP, INC.					
Principal Place of Business 1855 SE 185TH COURT SILVER SPRINGS FL 34488 US			Mailing Address P O BOX 1107 SILVER SPRINGS FL 34489 US		
2. Principal Place of Business 21 Same Suite, Apt. #, etc.		2a. Mailing Address 26 Same Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/31/1980	
22 City & State		27 City & State		4. FEI Number NOT APPLICABLE	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country 25 MARION		29 Country 30 MARION		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent KILMER, JAMES R 1855 SE 185TH COURT SILVER SPRINGS FL 34488				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.				81 Name	
SIGNATURE <i>James R. Kilmer</i> Signature, typed or printed name of registered agent and the filer, if applicable (NOTE: Registered Agent signature required when reinstating)				82 Street Address (P.O. Box Number is Not Acceptable)	
12. OFFICERS AND DIRECTORS				83	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				84 City	
TITLE PD NAME KILMER, JAMES R STREET ADDRESS 1855 SE 185TH COURT CITY-ST-ZIP SILVER SPRINGS FL				FL 85 Zip Code	
TITLE VD NAME BROWN, EUGENE C. STREET ADDRESS 18625 SE 19TH STREET CITY-ST-ZIP SILVER SPRINGS FL					
TITLE D NAME MAHERS, LOUIS E STREET ADDRESS 18571 S E 18TH STREET CITY-ST-ZIP SILVER SPRINGS FL					
TITLE D NAME CRABBS, RICHARD L STREET ADDRESS 18560 SE 18TH STREET CITY-ST-ZIP SILVER SPRINGS FL					
TITLE D NAME SPRENKEL, JACK D STREET ADDRESS 1950 SE 187TH AVENUE CITY-ST-ZIP SILVER SPRINGS FL					
TITLE ST NAME BROWN, SHIRLEY A STREET ADDRESS 18625 SE 19TH STREET CITY-ST-ZIP SILVER SPRINGS FL					

14. I hereby certify that the information supplied with this filing 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* REQUIRED

1-6-98

CR2E037 (10/97)