


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90067 024 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 754941</b>					
1. Corporation Name <b>COMMUNITY WATER CO-OP, INC.</b>					
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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/31/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KILMER, JAMES R 1855 SE 185TH COURT SILVER SPRINGS FL 34488				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KILMER, JAMES R			1.2 NAME			
STREET ADDRESS	1855 SE 185TH COURT			1.3 STREET ADDRESS			
CITY-ST-ZIP	SILVER SPRINGS FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, EUGENE C.			2.2 NAME			
STREET ADDRESS	18625 SE 19TH STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	SILVER SPRINGS FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAHERS, LOUIS E			3.2 NAME			
STREET ADDRESS	18571 S E 18TH STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	SILVER SPRINGS FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRABBS, RICHARD L			4.2 NAME			
STREET ADDRESS	18560 SE 18TH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	SILVER SPRINGS FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GWINN, NATHANIEL			5.2 NAME			
STREET ADDRESS	18548 SE 19TH ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	SILVER SPRINGS FL 34488			5.4 CITY-ST-ZIP			
TITLE	ST	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BROWN, SHIRLEY A			6.2 NAME			
STREET ADDRESS	18625 SE 19TH STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	SILVER SPRINGS FL			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *James R Kilmer* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **James R Kilmer** 1-20-99 625-3427

CR2E037 (11/98)