


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90010 038 ****61.25

DOCUMENT # 754941	
1. Entity Name COMMUNITY WATER CO-OP, INC.	

Principal Place of Business 18625 SE 19TH ST SILVER SPRINGS FL 34488 US	Mailing Address P O BOX 1107 SILVER SPRINGS FL 34489 US
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2. Principal Place of Business 18548 SE 19th St.	3. Mailing Address Suite, Apt. #, etc.
Silver Springs	Suite, Apt. #, etc.
City & State FL	City & State
Zip 34488	Country Marian



MOORE CR2E037 (11/03)

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROWN, EUGENE 18625 SE 19TH ST SILVER SPRINGS FL 34488		7. Name and Address of New Registered Agent Name NATHANIEL H. GWINN Street Address (P.O. Box Number is Not Acceptable) 18548 SE 19th St. City Silver Springs FL Zip Code 34488	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE Nathaniel H. Gwin Signature, typed or printed name of registered agent and title if applicable.	DATE March 22, 2004 (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GWINN, NATHANIEL 18548 SE 19TH ST SILVER SPRINGS FL 34488 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gwin, Nathaniel 18548 SE 19th St Silver Springs, FL 34488 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, EUGENE C. 18625 SE 19TH STREET SILVER SPRINGS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHERS, LOUIS E 18571 S E 18TH STREET SILVER SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIBERTINO, JAMES 1880 SE 183RD TERR SILVER SPRINGS FL 34488 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Libertino, James 1880 SE 183rd Terr Silver Springs, FL 34488 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, KEITH 1703 SE 183RD TERR. SILVER SPRINGS FL 34488 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GEARHART, DOLORES 18621 SE 18TH ST SILVER SPRINGS FL 34488 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: Nathaniel H. GWINN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: March 22, 2004 Daytime Phone # 625-6862
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