

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90182 009 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, EUGENE
18625 SE 19TH ST
SILVER SPRINGS FL 34488**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **GWINN, NATHANIEL**
STREET ADDRESS **18548 SE 19TH ST**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **BROWN, EUGENE C.**
STREET ADDRESS **18625 SE 19TH STREET**
CITY-ST-ZIP **SILVER SPRINGS FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MAHERS, LOUIS E**
STREET ADDRESS **18571 S E 18TH STREET**
CITY-ST-ZIP **SILVER SPRINGS FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LIBERTINO, JAMES**
STREET ADDRESS **1880 SE 183RD TERR**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **GWINN, NATHANIEL**
STREET ADDRESS **18548 SE 19TH ST**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE ☐ Change ☒ Addition
NAME **Keith Harrison**
STREET ADDRESS **1703 SE 183rd Terr.**
CITY-ST-ZIP **Silver Springs, FL 34488**

TITLE **ST** ☐ Delete
NAME **GEARHART, DOLORES**
STREET ADDRESS **18621 SE 18TH ST**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

[Signature]

Mar 24, 2003

CR2E037 (10/02)