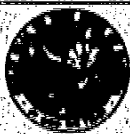


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759200 (9)

1. Corporation Name

1774 WATER COOPERATIVE, INC.

Principal Place of Business

5656 BERMONT RD
PO BOX 309
PUNTA GORDA FL 33951-0309

Mailing Address

5656 BERMONT RD
PO BOX 309
PUNTA GORDA FL 33951-0309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1981

3a. Date of Last Report

07/06/1994

4. FEI Number

59-1501038

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 28200 Bermont Road

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P. O. Box 309

27

City & State

City & State

23 Punta Gorda, Florida

28

Zip Country

Zip Country

24 33951-0309

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEPLONTY, DUANE E
3852 SPY GLASS HILL RD.
SARASOTA FL 33583**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
4430 Staghorn Lane

83

84 City
Sarasota

FL

85 Zip Code
34238

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	DEPLONTY, DUANE E
STREET ADDRESS	3852 SPY GLASS HILL RD.
CITY-ST-ZIP	SARASOTA FL
TITLE	VD
NAME	DEPLONTY, JOAN
STREET ADDRESS	3852 SPY GLASS HILL RD.
CITY-ST-ZIP	SARASOTA FL
TITLE	STD
NAME	CLARK, CAROL E.
STREET ADDRESS	5900 PURDY LN.
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	4430 Staghorn Lane
1.4 CITY-ST-ZIP	Sarasota, FL 34238
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	4430 Staghorn Lane
2.4 CITY-ST-ZIP	Sarasota, FL 34238
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	5906 Purdy Lane
3.4 CITY-ST-ZIP	Punta Gorda, FL 33950
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(k), 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:

Duane E. DePlonty

Duane E. DePlonty 04/25/95

813-639-0663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #