

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 759200

(9)

1. Corporation Name

1774 WATER COOPERATIVE, INC.



Principal Place of Business

28200 BERMONT RD
PO BOX 309
PUNTA GORDA FL 33951-0309
US

Mailing Address

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

3. Date Incorporated or Qualified
07/17/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1501008 59-2533183

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEPLONTY, DUANE E
4430 STAGHORN LANE
SARASOTA FL 33583

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD & Sec ☐ DELETE

NAME DEPLONTY, DUANE E
STREET ADDRESS 4430 STAGHORN LANE PO Box 309
CITY-ST-ZIP SARASOTA-FL Punta Gorda, FL 33951

TITLE VD ☐ DELETE

NAME DEPLONTY, JOAN
STREET ADDRESS 4430 STAGHORN LANE PO Box 309
CITY-ST-ZIP SARASOTA-FL Punta Gorda, FL 33951

TITLE STD ☒ DELETE

NAME CLARK, CAROLE
STREET ADDRESS 5906 PURDY LANE
CITY-ST-ZIP PUNTA GORDA-FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE PD Pres/Sec/Director ☒ Change ☐ Addition

1.2 NAME DePlonty, Duane E.
1.3 STREET ADDRESS P.O. Box 309 737 Blue Heron Overlook
1.4 CITY-ST-ZIP Punta Gorda, FL 33951 Sarasota, FL 34238

2.1 TITLE VD Vice Pres / Director ☒ Change ☐ Addition

2.2 NAME DePlonty, Joan
2.3 STREET ADDRESS P.O. Box 309 Sarasota, FL
2.4 CITY-ST-ZIP Punta Gorda, FL 33951 34238

3.1 TITLE STD ☐ Change ☐ Addition

3.2 NAME Clark, Carol E.
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 400001799424
4.4 CITY-ST-ZIP -04/29/96--01089--014

5.1 TITLE ***61.25 ☐ 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 119.07(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

Date

941-639-0663

Daytime Phone #

CR2E037 (12/95)