

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90010 042 ****61.25

0062370

DOCUMENT # 759200

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

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



2. Principal Place of Business

21 28200 BERMONT ROAD

Suite, Apt. #, etc.

22

City & State

23 PUNTA GORDA FL

Zip

24 33982

Country

25 USA

2a. Mailing Address

26 28200 BERMONT ROAD

Suite, Apt. #, etc.

27

City & State

28 PUNTA GORDA FL

Zip

29 33982

Country

30 USA

3. Date Incorporated or Qualified

07/17/1981

4. FEI Number

59-2533183

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

9. Name and Address of Current Registered Agent

DEPLONTY, DUANE E
937 BLUE HERON OVERLOOK
OSPREY FL 34229

10. Name and Address of New Registered Agent

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 PSD
NAME DEPLONTY, DUANE E
STREET ADDRESS 937 BLUE HERON OVERLOOK
CITY-ST-ZIP OSPREY FL

☐ DELETE

TITLE VD
NAME DEPLONTY, JOAN
STREET ADDRESS 937 BLUE HERON OVERLOOK
CITY-ST-ZIP OSPREY FL

☐ DELETE

TITLE STD
NAME CLARK, CAROL E.
STREET ADDRESS 5906 PURDY LANE
CITY-ST-ZIP PUNTA GORDA FL 33950

☐ DELETE

TITLE TREASURER
NAME OLSON, MARYANN
STREET ADDRESS 1456 FAUNWOOD CIRCLE
CITY-ST-ZIP SARASOTA, FL 34232

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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 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

SIGNATURE REQUIRED
CAROL E. VAUGHN

4-26-99

941-639-0663

Date

Daytime Phone #

CR2E037 (11/98)