


FILE NOW: FILING FEE IS \$61.25

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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37878** (8)

1. Corporation Name
DUCK KEY WASTEWATER COOPERATIVE, INC.



Principal Place of Business		Mailing Address	
% DONALD H. JOHNSON 150 E. SAMPLE ROAD, SUITE 200 POMPANO BEACH FL 33064		% DONALD H. JOHNSON 150 E. SAMPLE ROAD, SUITE 200 POMPANO BEACH FL 33064	
2. Principal Place of Business	2a. Mailing Address		
21 HAWK'S CAY RESORT	26 HAWK'S CAY RESORT		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 61 HAWK'S CAY BLVD.	27 61 HAWK'S CAY BLVD.		
City & State	City & State		
23 DUCK KEY	28 DUCK KEY, FL.		
Zip	Zip		
24 33050-3756	29 33050-3756		
Country	Country		
25	30		

3. Date Incorporated or Qualified 04/27/1990	
4. FEI Number 65-0193040	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JOHNSON, DONALD H. 150 E. SAMPLE ROAD SUITE 200 POMPANO BEACH FL 33064		81 Name JOHN WHITE 82 Street Address (P.O. Box Number is Not Acceptable) 61 HAWK'S CAY BLVD. 83 84 City DUCK KEY FL 85 Zip Code 33050-3756	

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 *John White* **JOHN WHITE** DATE **4/14/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DONALD H.	1.2 NAME	
STREET ADDRESS	150 E. SAMPLE RD #200	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, SANDRA	2.2 NAME	
STREET ADDRESS	MILE MARKER 61	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERNAVSKY, THOMAS	3.2 NAME	
STREET ADDRESS	MILL MARKER 61	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Tom Cherniavsky* **TOM CHERNIAVSKY** 4/14/98 305-243-7000

CR2E037 (10/97)