

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N37878

1. Entity Name
DUCK KEY WASTEWATER COOPERATIVE, INC.



Principal Place of Business
**HAWK'S CAY RESORT
61 HAWK'S CAY BLVD
DUCK KEY, FL 33050-3756 US**

Mailing Address
**HAWK'S CAY RESORT
61 HAWK'S CAY BLVD
DUCK KEY, FL 33050-3756 US**

DO NOT WRITE IN THIS SPACE



02162004 No Chg-NP CR2E037 (10/03)

4. FEI Number **65-0193040** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHITE, JOHN
61 HAWK'S CAY BLVD
SUITE 200
DUCK KEY, FL 33050**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000126313
04/23/04-80029-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOHNSON, DONALD H. 150 E. SAMPLE RD #200 POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILSON, SANDRA MILE MARKER 61 MARATHON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CHERNIAVSKY, THOMAS MILE MARKER 61 MARATHON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04 305-743-7000
Date Daytime Phone #