

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

5/9

05-09-2003 90152 026 \*\*\*\*\*61.25

**DOCUMENT # N37878**

1. Entity Name

**DUCK KEY WASTEWATER COOPERATIVE, INC.**



Principal Place of Business

Mailing Address

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

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

**55047186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0193040**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME **PD  
JOHNSON, DONALD H.** ☐ Delete  
STREET ADDRESS **150 E. SAMPLE RD #200**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **D  
WILSON, SANDRA** ☐ Delete  
STREET ADDRESS **MILE MARKER 61**  
CITY-ST-ZIP **MARATHON FL**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **STD  
CHERNAVSKY, THOMAS** ☐ Delete  
STREET ADDRESS **MILE MARKER 61**  
CITY-ST-ZIP **MARATHON FL**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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: **Sandra Wilson** **ES: SANDRA WILSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/19/03**  
Date

**305-743-7000**  
Daytime Phone #

CR2E037 (10/02)

**Sandra Wilson**

**Sandra Wilson**

**6/3/03**

**305-289-2994**