


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N39809		
1. Entity Name LEE CYPRESS WATER AND SEWER CO-OP, INC.		

FILED

04 JUL 21 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O ELEANORE BUCHANAN P O BOX 26 COPELAND, FL 33026	Mailing Address C/O ELEANORE BUCHANAN P O BOX 26 COPELAND, FL 33026
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2. Principal Place of Business P.O. Box 26 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 26 Suite, Apt. #, etc.
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07132004 Chg-NP CR2E037 (10/03)

City & State Copeland, Florida	City & State Copeland, Florida
Zip 34137	Zip 34137
Country USA	Country USA

4. FEI Number 65-0221027	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BEE, JANE D 238 OLD TRAIN LANE ⁵⁶⁰ Webb Road COPELAND, FL 33026	
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7. Name and Address of New Registered Agent Name <u>Bee, Jane D.</u> Street Address (P.O. Box Number is Not Acceptable) 15363 Jones Street Drive <u>560 Webb Road</u> City <u>Copeland</u> FL Zip Code <u>34137</u>	
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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 <u>Jane D. Bee</u>	900039682619 07/23/04--01005-11010470.00
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEE, JANE D 560 WEBB ROAD COPELAND, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDOWELL, DONALD 227 OLD TRAIN LANE COPELAND, FL 34137 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGES, FRANCIS BOX 111 D STREET COPELAND, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, ELEANORE 238 OLD TRAIN LANE COPELAND, FL 34137 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Wood Jr., Thomas L. 238 Turnstyle Drive Copeland, FL 34137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D McDowell, Donald R. 254 Old Train Lane Copeland, FL 34137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Lord, Carol 234 McBeth Way Copeland, FL 34137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Seabury, Don 524 Harmon Terrace Copeland, FL 34137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fails, Linzy 864 Church Street Copeland, FL 34137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>[Signature]</u>	7/16/04	239-695-0279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #