



# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N39809</b> 1. Entity Name <b>LEE CYPRESS WATER AND SEWER CO-OP, INC.</b>						<b>FILED</b> 06 FEB -6 PM 4:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>P.O. BOX 26 COPELAND, FL 34137</b>				Mailing Address <b>P.O. BOX 26 COPELAND, FL 34137</b>			
2. Principal Place of Business		3. Mailing Address		 <b>REINSTATEMENT 05-06</b> 1172005 REIN-NP CR2E099 (6/04)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>65-0221027</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>BEE, JANE D 560 WEBB ROAD COPELAND, FL 34137</b>			
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <i>Jane Bee</i> Signature, typed or printed name of registered agent and title if applicable.				<i>Jane Bee</i> (NOTE: Registered Agent signature required when reinstating)			
DATE <i>1/23/2006</i> DATE				Make check payable to <b>Florida Department of State</b>			
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2006, Fee will be \$297.50</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WOOD, THOMAS L JR</b> <b>238 TURNSTYLE DRIVE</b> <b>COPELAND, FL 34137</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition <b>900066894849</b> <b>03/01/06--01014--002 **61.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>MCDOWELL, DONALD R</b> <b>254 OLD TRAIN LANE</b> <b>COPELAND, FL 34137</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900066894849</b> <b>03/01/06--01014--001 **245.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>LORD, CAROL</b> <b>234 MCBETH WAY</b> <b>COPELAND, FL 34137</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SEABURY, DON</b> <b>524 HARMON TERRACE</b> <b>COPELAND, FL 34137</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FAILS, LINZY</b> <b>864 CHURCH STREET</b> <b>COPELAND, FL 34137</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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.							
<b>SIGNATURE: <i>Donald R. McDowell</i> Donald R. McDowell 12/26/05</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date _____ Daytime Phone # _____							