SCANNED

030340 -WU

APPLICATION FOR SALE, ASSIGNMENT OR TRANSFER OF CERTIFICATE OR FACILITIES

(Pursuant to Section 367.071, Florida Statutes)

TO: Director, Division of the Commission Clerk & Administrative Services Florida Public Service Commission 2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

	Marion		County,		acilities and subm		
followi	ng informatio	on:					
' I <u>Al</u>	PLICANT INFO	RMATION					
	ull name (as elephone numl				ce), addre	ess	
Sur	Sunshine Utilities of Central FL, Inc.						
	Name of utility						
(352	347-8228		(352	347-69	15		
Phone	No.		Fax N	ο.			
102	30 E Highway	25					
Offic	e street add:	ess					
Be1	leview FL		34420				
City		State		Zip Code			
Maili	ng address if	different	from st	reet addr	ACC		

PSC/ECR 007 (Rev. 2/91)

MAPS + Drig Tariff forwarded to ECR

U3400 APR 148

FRSC-COMMIC SON CLERK

B)		ess and telephone ing this applicat	one number of the person to cation:				
	Pamela Christ	mas	(352 ₎ 347-8228	3			
	Name		Phone No.				
	SAME AS APPLI	CANT					
	Street address						
	City	State	Zip Code				
√		(as it will appe ephone number of	ear on the certification the buyer:	ate),			
	Name of utility						
	()		()				
	Phone No.		Fax No.				
	Office street address						
	City	State	Zip Code	-			
	Mailing address	if different fro	m street address				
	Internet addres	s if applicable	Sallas				
D)	Indicate the org	anizational chara	cter of the buyer : (c	ircle			
1	Corporation	Partnership	Sole Proprietors	ship			
	Other:	(specify)					
		, ,					

E)	The date and state of incorporation or organization of the buyer:
	Selles October 31, 1980
F)	If the buyer is a corporation, list the names, titles, and addresses of corporate officers and directors. (Use additional sheet if necessary).
	Exhibit 1
G)	If the buyer is not a corporation, list the names, titles, and addresses of all persons owning an interest in the organization. (Use additional sheet if necessary.)
	N/A
PART :	II FINANCIAL AND TECHNICAL INFORMATION
A)	Exhibit 2 - A statement indicating how the transfer is in the public interest, including a summary of the buyer's experience in water and/or wastewater utility operations, a showing of the buyer's financial ability to provide service and a statement that the buyer will fulfill the commitments, obligations and representations of the seller with regard to utility matters.
	Include in this statement the reason the seller proposes to transper its exempt systems to a regulated whilely.
	4

Exhibit 1 - Officers and Directors

OFFICERS

Eugene C. Brown, President Nathaniel Gwinn, Vice President Dolores Gearhart, Secretary/Treasurer

DIRECTORS

Louis E. Mahers James Libertino Nathaniel Gwinn

Exhibit 2 - Financial and Technical Information

Well #1, supplying water to the community, collapsed and became non-productive. The opinion of the well driller consulted was that the geologic condition of Well #1 is such that it cannot be deepened.

Well #2 was put to full operation but will not be able to sustain sufficient water production for the community's needs. The DEP has mandated that the water supply be improved within six months from April 15, 2002. See attached correspondence from Bob Ansag.

The current water supply system is physically maintained almost entirely by the board members who are advancing in age, inability, and unwillingness to continue doing so. The Board agreed that it will serve the best interest and economy of the community and the individual members alike to transition the water supply and service to Sunshine.

A copy of pages 1-4 1120S of the corporate tax return is attached and should suffice as the buyer's financial ability to fulfill the commitments, obligations and representations of the seller in regard to utility matters.



Department of Environmental Protection

Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767

David B. Struhs Secretary

September 19,2002

Gene Brown, President HOA Community Water Co-op 18625 SE 19th Street Silver Springs, FL 34488 OCD-PW-CE-0451

Dear Mr. Brown:

Since the failure of the Community Water Co-op main well on April 12th, 2002, your system has been depending on the back up well. As a community public water system, you are required to have two wells; just having the back up well is putting your residents' health at risk. You must somehow drill another well (a permit from the appropriate Water Management District is required) or connect to another approved water system in the area.

We can not allow this to go on for an indefinite period. As usual, thank you for your cooperation and if you have any question please call me at 407/893-3319.

Sincerely,

Roberto C. Ansag Environmental Manger Compliance/Enforcement Drinking Water Section

"More Protection, Less Process"

Printed in recycled paper.

REDACTED

Form 1120S (2001)

SPSA0112 01/28/02

Department of the Treasury Internal Revenue Service

U.S. Income Tax Return for an S. Corporation 2001

Fo	rm 📗	1203	for an	S Corporation	n 200	OMB No. 154	15-0130 IRS	use only — Do	not write	e or staple	in this space	
		file this form parate instruc		corporation has tim	nely filed Form 25	53 to elect to be	an S corpo	ration.				
		For ca	lendar year	r 2001, or tax year b	peginning	, 2001,	and ending			, 20		
A		e Date of		Name		·			C Em	ployer ider	tification Numb	per
	Election S Corpo		Use IRS	SUNSHINE UT:	ILITIES OF	CENTRAL FL	ORIDA,	INC.		59-2	938319	
	01/0	02/89	label.	Number, Street, and Ro					D Dat	e incorpora	sted	
В	Busines	ss Code No.	Other- wise.	10230 EAST H	HIGHWAY 25					01/	02/89	
	(see ins	structions)	print or	City or Town		Sta	te ZIP Code		E Tot		see instructions)
	2213	300	type.	BELLEVIEW		F	L 34420	o	\$	1.7	793,272.	
F			oxes: (1)	Initial return (2)	Final return	(3) Name c	hange (4)	Address	chanc	ge (5)	Amended	d return
G				in the corporation a				_				►
-				business income and								
	1 a	Gross receipts or	sales	814,634.	b Less returns and	allowances		С	Bal -	1 c	814	,634
- 1	2	Cost of goods	s sold (Sche	edule A, line 8)					: [2		
N	3	Gross profit.	Subtract line	e 2 from line 1c					[3	814	,634
0	4	Net gain (loss	s) from Forn	m 4797, Part II, line	18 (attach Form	4797)			[4		
M E	5	Other income	(loss) (atta	ach schedule)		,,,,,,,,,,,,,,			[5		
-	6	Total income	(loss). Com	nbine lines 3 through	h 5 <u></u>	<u></u> <u></u>		· · · · · · · · · · · · · · · · · · ·	▶	6	814	,634
D				, ,						7		,216
Ε	1		- \	s employment credit	•					8		,948
D	1			e						9		<u>, 103</u>
č	i i								⊢	10		,868
Ţ	1								-	11		<u>, 959</u>
ò									-	12		,319 ,647
N S	1			ottoob Form 4562)					100	15		,041
				attach Form 4562) Schedule A and else				44,1	<u>43.</u>			
SEE										14-	11	.143
٤.				ne 14a					ļ	14 c		, 143
7.7	15	Advertising	not deduct	oil and gas depletion	on.)	TAYD			-	16	<u> </u>	
S							A. A. 4. 4.	The same	· · · · · -	17	·-·	
RUC	18	Fension, pron	c-sitaring, e	etc, plans ms			JOY		· · · · ·	18	60	, 352
CT	19	Cthor deduction	one (attach	schedule)See	Other Deduction		***		- ⊢	19		, 159
ó				e amounts shown in			roman 40°°°			20		,714
N S				om trade or busines					_	21		,920
				ome tax (attach schedule)			22 a		*****	21	, 21	, 220
À	1		•	rm 1120S)			22 b					
Х	1		•	ructions for additional tax						22 c		
Α				ex payments and amount								
N	1			7004			23b					
_	i	•		i on fuels (attach Fo		-	23c					
P A	d /	Add lines 23a	through 23d	c						23d		
Υ	24	Estimated tax	penalty. Ch	neck if Form 2220 is	attached					24		
M E N	25	Tax due. If the See instrs for	total of line	es 22c & 24 is large method of payment	r than line 23d, e	nter amount owe	ed.			25		
Ţ	ı			is larger than the to					▶	26		
S	27 8	Enter amount	of line 26 ye	ou want: Credited to	2002 estimated	tax ►	•	Refunde	d 🖊	27		
Sig		· , · · · · · · · · · · · · · · · · · ·		declare that I have examin complete. Declaration of p			dules and state I information of	ements, and to t f which preparer	he best has any	of my know knowledge	vledge and	
He	re					k .					discuss this re shown below (
		Signature o	of Officer		Date	Title)			nstructions)	? X Yes	No
		Preparer's		1/22.	Pa	Date	Check in	1	reparer	's SSN or F	NIT	
Pai	d	Signature) /			03/13/	02 employe	ed				
Pre	parer's	Firm's Name (or yours if	Dami					EIN S	9-30)17166	5	
USE	Only	self-employed), Address, and	1111		e. Ste. 204		470			> =		
		ZIP Code	0cal	.a		FL 34	4/0	Phone N	o. (3	52) 7	32-5611	

		<u> 59-29</u>	38319		Page
S	chedule A Cost of Goods Sold (see instructions)	,			
	1 Inventory at beginning of year	1			
	2 Purchases	. 2			
	3 Cost of labor	. 3			
	A A A A A A A A A A A A A A A A A A A	4			
	5 Other costs (attach schedule)	. 5			
	6 Total. Add lines 1 through 5	6			
	7 Inventory at end of year	7	<u> </u>		
	8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	 		
		!	<u> </u>		
	9a Check all methods used for valuing closing inventory:				
	(i) Cost as described in Regulations Section 1.471-3				
	(ii) Lower of cost or market as described in Regulations Section 1.471-4				
	(iii) Other (specify method used and attach explanation)				بــم
	b Check if there was a writedown of 'subnormal' goods as described in Regulations Section 1.471-2(c)				▶
	c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970).				► [_]
	d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO	9 d			
	e Do the rules of Section 263A (for property produced or acquired for resale) apply to the corporation?			es	No
			·· 🗀 '	ــا حـ	٠.٠٠
	f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation		\Box	es [No
C	chedule B Other Information		• • • • • •	Yes	No
				162	NO
	Check method of accounting: (a) ☐ Cash (b) X Accrual (c) ☐ Other (specify) ►				
4	Refer to the list in the instructions and state the corporation's principal:				
	(a) Business activity ► UTILITY (b) Product or service . ► WATER	- -			
3	3 Did the corporation at the end of the tax year own, directly or indirectly, 50% or more of the voting stock of a corporation? (For rules of attribution, see Section 267(c).) If 'Yes,' attach a schedule showing: (a) name, add and employer identification number and (b) percentage owned	dress.			X
4	Was the corporation a member of a controlled group subject to the provisions of Section 1561?				X
	Check this box if the corporation has filed or is required to file Form 8264, Application for Registration of a Tax Shelter				
€	Check this box if the corporation issued publicly offered debt instruments with original issue discount If so, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.				
7	If the corporation: (a) filed its election to be an S corporation after 1986, (b) was a C corporation before it ele be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (c basis of any other property) in the hands of a C corporation, and (c) has net unrealized built-in gain (defined Section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized bu gain reduced by net recognized built-in gain from prior years (see instructions)	or the in			
۶	Check this box if the corporation had accumulated earnings and profits at the close of the tax year (see instri	uctions)			
					·#::::::::::::::::::::::::::::::::::::
Sci	te: If the corporation had assets or operated a business in a foreign country or U.S. possession, it may be requ hedule N (Form 1120), Foreign Operations of U.S. Corporations, to this return. See Schedule N for details.	illeu (O a	llacii		
	hedule K Shareholders' Shares of Income, Credits, Deductions, etc				
	(a) Pro rata share items	(t) Total	amoun	t
	1 Ordinary income (loss) from trade or business activities (page 1, line 21)	1		21	,920.
	2 Net income (loss) from rental real estate activities (attach Form 8825)	2			
	3a Gross income from other rental activities				
1	b Expenses from other rental activities (attach schedule)				
NCO	c Net income (loss) from other rental activities. Subtract line 3b from line 3a	3 c			
ŏ	4 Portfolio income (loss):				
M	a Interest income	4a		2	,791.
Ε	b Ordinary dividends	4b			
(L	c Royalty income	4c			
(F	d Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	4d			
S S)		4e (1)			
٠,	(2) 28% rate gain (loss) 🛌 (3) Qualified 5-year gain				
		4f			
	5 Net Section 1231 gain (loss) (other than due to casualty or theft) (attach Form 4797)	5		- 2	,654.
	6 Other income (loss) (attach schedule)	6			

		-2938319	Page
Sched	Ile K Shareholders' Shares of Income, Credits, Deductions, etc (continued)		
	(a) Pro rata share items	· · · · · · · · · · · · · · · · · · ·	amount
Deduc-	7 Charitable contributions (attach schedule)		21.000
tions	8 Section 179 expense deduction (attach Form 4562)		24,000
	9 Deductions related to portfolio income (loss) (itemize)	9	
	10 Other deductions (attach schedule) OFFICER HEALTH INSURANCE		6,932
Invest-	11 a Interest expense on investment debts	11a	
ment Interest	b (1) Investment income included on lines 4a, 4b, 4c, and 4f above		2,791
	(2) Investment expenses included on line 9 above		
Credits	12a Credit for alcohol used as a fuel (attach Form 6478)	000000000000000000000000000000000000000	
	b Low-income housing credit:		
	(1) From partnerships to which Section 42(j)(5) applies	12b (1)	
	(2) Other than on line 12b(1)	12b (2)	
	c Qualified rehabilitation expenditures related to rental real estate activities (attach Form 3468)	12c	
	d Credits (other than credits shown on lines 12b and 12c) related to rental real		
	estate activities	12d	
	e Credits related to other rental activities	12e	
	13 Other credits		
Adjust-	14a Depreciation adjustment on property placed in service after 1986	14a	17,424
ments and Tax	b Adjusted gain or loss	14b	
Prefer-	c Depletion (other than oil and gas)	14c	
ence Items	, , , , , , , , , , , , , , , , , , , ,		
ittiiis	(2) Deductions allocable to oil, gas, or geothermal properties	14d (2)	
	e Other adjustments and tax preference items (attach schedule)	14e	
Foreign	15a Name of foreign country or U.S. possession ►		
Taxes	b Gross income from all sources	15b	
	c Gross income sourced at shareholder level	15 c	
	d Foreign gross income sourced at corporate level:		
	(1) Passive	15d (1)	
	(2) Listed categories (attach schedule)	15d (2)	100
	(3) General limitation	15d (3)	
	e Deductions allocated and apportioned at shareholder level:		
	(1) Interest expense	15e (1)	
	(2) Other	15e (2)	
	f Deductions allocated and apportioned at corporate level to foreign source income:		
	(1) Passive	15f (1)	
	(2) Listed categories (attach schedule)	15f (2)	
	(3) General limitation	15f (3)	
	g Total foreign taxes (check one): ► Paid Accrued	15g	
	h Reduction in taxes available for credit		
	(attach schedule)	15h	
Other	16 Section 59(e)(2) expenditures: a Type ► b Amount ►	16b	
	17 Tax-exempt interest income	17	
	18 Other tax-exempt income	18	364
	19 Nondeductible expenses	19	
	20 Total property distributions (including cash) other than dividends reported on line 22 below	20	14,159

Income (loss). (Required only if Schedule M-1 must be completed.) Combine lines 1 through 6 in column (b). From the result, subtract the sum of lines 7 through 11a, 15g, and 16b Form 1120S (2001) BAA

22

23

0.

-8,875.

21 Other items and amounts required to be reported separately to shareholders

22 Total dividend distributions paid from accumulated earnings and profits

(attach schedule).

Form 1120S (2001) SUNSHINE UTILITIES	OF CENTRAL FLO	RIDA, INC.	59-29383	19 Page 4
Schedule L. Balance Sheets per Books		of tax year	End of	tax year
Assets	(a)	(b)	(c)	(d)
1 Cash		146,502.		145,777.
2a Trade notes and accounts receivable	163,374.		159,490.	
b Less allowance for bad debts .		163,374.		159,490
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach schedule) L.n 6 S.t		416.		443.
7 Loans to shareholders	\$6000000000000000000000000000000000000			
8 Mortgage and real estate loans				
9 Other investments (attach schedule)	**************************************			
10 a Buildings and other depreciable assets			2,135,959.	
b Less accumulated depreciation	965,883.	1,124,931.	1,010,230.	1,125,729.
11 a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)		64,699.		64,699.
13a intangible assets (amortizable only)	600.		600.	
b Less accumulated amortization		600.		600.
14 Other assets (attach schedule) Ln. 14. St		210,702.		296,534.
15 Total assets		1,711,224.		1,793,272.
Liabilities and Shareholders' Equity				
16 Accounts payable		24,661.		40,849.
17 Mortgages, notes, bonds payable in less than 1 year				80,000.
18 Other current liabilities (attach sch) Ln18 . St		139,287.		130,269.
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more		36,836.		32,500.
21 Other liabilities (attach schedule) Ln. 21 . St.		984,484.		963,032.
22 Capital stock		100.		100.
23 Additional paid-in capital		440,151.		440,151.
24 Retained earnings		<u>85,705.</u>		106,371.
25 Adjustments to shareholders' equity (att sch)				
26 Less cost of treasury stock				
27 Total liabilities and shareholders' equity		1,711,224.		1,793,272.
Schedule M-1 Reconciliation of Income complete this schedule if the tot	(Loss) per Books values at assets on line 15, co	with Income (Loss) lumn (d), of Schedule L	per Return (You are are less than \$25,000.)	e not required to
1 Net income (loss) per books	34,825.	5 Income recorded on books	= :	
2 Income included on Schedule K, lines 1 through 6, not		on Schedule K, lines 1 thr	rough 6 (itemize):	
recorded on books this year (itemize):		a Tax-exempt interest . \$_		364.
		See Sch M-1, Line 5	5364.	304,
3 Expenses recorded on books this year not included on		6 Deductions included on S 11a, 15g, and 16b, not ch	chedule K, lines 1 through arged against book income	
Schedule K, lines 1 through 11a, 15g, and 16b (itemize):		this year (itemize): a Depreciation \$_		
a Depreciation \$		See Sch M-1 Line 6	3,322.	43,336.
b Travel and entertainment . \$		7 Add lines 5 and 6		43,700.
4 Add lines 1 through 3	34,825.			-8,875.
4 Add Mes Turodgit 5		t Oll A Cart		

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

		(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undis- tributed taxable income previously taxed
1	Balance at beginning of tax year	-78,004.	0.	0.
2	Ordinary income from page 1, line 21	21,920.		
	Other additions See Schedule M-2, Other Additions		364.	
4	Loss from page 1, line 21			
5	Other reductions See Schedule M-2, Other Reductions	33,586.		
6	Combine lines 1 through 5	-86,879.	364.	<u>0</u> .
7	Distributions other than dividend distributions	0.	364.	0.
8	Balance at end of tax year. Subtract line 7 from line 6	-86,879.	0.	0.

В)	List the names and locations of other water and/orwastewater utilities owned by the buyer and PSC certificate numbers, if any.			
	Sunshine Utilities of Central FL, Inc.			
	Incorporated into one Certificate No. 363-W			
C)	Exhibit 3 - A copy of the contract for sale and all auxiliary or supplemental agreements, which shall include, if applicable:			
	(1) Purchase price and terms of payment.			
	(2) A list of and the dollar amount of the assets purchased and liabilities assumed or not assumed, including those of nonregulated operations or entities.			
	(3) A description of all consideration between the parties, for example, promised salaries, retainer fees, stock, stock options, assumption of obligations.			
	The contract for sale shall also provide for the disposition, where applicable, of the following:			
	 (a) Customer deposits and interest thereon; (b) Any guaranteed revenue contracts; (c) Developer agreements; (d) Customer advances; (e) Debt of the utility; and (f) Leases. 			
D)	Exhibit A statement regarding the disposition of any outstanding regulatory assessment fees, fines or refunds owed ter the buyer, only.			
E) ∩	Exhibit A statement describing the financing the purchase.			
F)	Exhibit 6 - A list of all entities upon which the applicant is relying to provide funding to the buyer, and an explanation of the manner and amount of such funding, which shall include their financial statements and copies of any financial agreements with the utility. This requirement shall not apply to any person or entity holding less than 10 percent ownership interest in the utility.			

Exhibit 3 Copy of Contract - See Attached Agreement

- 1) There is no purchase price. The terms of the Agreement are for Sunshine to use reasonable diligence in pursuing another source of water to become in compliance with FDEP.
- The Co-op water supply and the upgrades have been fully paid for by the homeowners. The assets transferred will be the main and service lines Sunshine Utilities has received a grant of a variance to complete a replacement well on the site of Well #1.
- 3) Sunshine will took over the water supply service November 1, 2002. The customers advances were transferred to Sunshine Utilities.

There are no customer deposits or interest thereon; no guaranteed revenue contacts; no developer agreements; no debt of the utility and no leases.



THIS AGREEMENT is entered into between SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC. (hereinafter "Sunshine") and COMMUNITY WATER CO-OP, INC. (hereinafter "Community") as follows:

- 1. Community owns and operates a pumping system and water system servicing Ponderosa Estates including Half Moon Homesites Unit III, Half Moon Campsites and Mill Damn, subdivisions located in Marion County, Florida.
- 2. Sunshine owns and operates a water system located in winding waters, a subdivision in Marion County, Florida.
- 3. Sunshine agrees to undertake to provide water service to Ponderosa Estates, and Community agrees to relinquish its right to provide water service to Ponderosa Estates, in accordance with this Agreement.
- 4. Sunshine will be responsible for obtaining all permits to allow it to provide water services to Ponderosa.
- 5. Sunshine will extend a new main line in the form of a 6" water main from its existing facilities in Winding Waters to Ponderosa along the right away of Levy Hammock Road.
- 6. Upon extending the new line, Sunshine will hook into the existing water system not including the pumping station which will remain the property of Community.
- 7. Upon execution of this Agreement, Sunshine will commence to provide the water services through the existing pumping water station until the new water main is connected to the existing water system. At the time that the water main is connected to the existing water system, the pumping system will no longer be utilized by Sunshine but will remain the property of Community free and clear of any claims of right, title or interest by Sunshine. During the period of time that Sunshine is extending its water mains and obtaining the permits and utilizing the pumping station, this document shall operate as a lease of the pumping station by Sunshine for such term as is needed for Sunshine to apply for permits and extend such water main. Sunshine shall pay \$1 and that, together with the mutual covenants of this Agreement shall constitute valid consideration for the lease as well as the transfer of the existing system. Sunshine shall be responsible to prepare, at its own expense, all documents necessary to memorialize or confirm the lease and pay all taxes and governmental charges imposed on the lease, except ad valorem taxes applicable to the land on which the pumps sit. (PRD 3285-006-005)
- 8. Sunshine shall receive and utilize the existing system, including the pumping station, all equipment and supply lines attached thereto, in their current "as is" condition and Community makes no warranty or representation as to the condition of the pumping station, all equipment and the supply lines attached thereto nor as to the adequacy or condition of the existing facilities to accommodate Sunshine's supply systems. Sunshine shall be responsible for any and all upgrading, maintenance or improvements necessary to continue to and further provide water services to Ponderosa.

MICHAEL J. COOPER ATTORNEY AT LAW 321 N. W. THIRD AVENUE)CALA, FLORIDA 34475-8818 (352) 732-4500 FAX (352) 351-3859

- 9. Upon connecting the water main to the existing system, the existing water system is and shall become the property of Sunshine free and clear of any claims of Community except for the pumping station hereinabove described. Sunshine shall be responsible to prepare, at its owns expense all documents necessary to memorialize or confirm the conveyance of title, such as the bill of sale, and pay all taxes and governmental charges imposed on the transfer, including any recording costs.
- 10. Community will not use the pumping station to provide any competing water services to Ponderosa or any other subdivisions but the pumping station will, for purposes of providing water services to lots or residences, be abandoned subject to the right of Community to dismantle and sell the parts or utilize the facility for a non-competent purpose subject to written permission from Sunshine.
- 11. Sunshine will continue to charge the existing \$15 flat rate to all customers currently serviced by Community until the Public Service Commission may approve a different rate upon proper notice and application.
- 12. Sunshine shall use reasonable diligence in pursuing the permits and installing the water main, in operating the entire water system and providing ongoing maintenance of the system.
- 13. This Agreement is entered into in Marion County, Florida and governed by the laws of the State of Florida and in any action to enforce this Agreement shall be in the appropriate state courts of Marion County, Florida. In any action to enforce this Agreement the prevailing party shall be entitled to reasonable attorneys fees.
- 14. This Agreement has been reviewed by both parties and no presumptions shall arise from preparation of this Agreement.
- 15. Community warrants and represents that it has full right, title and authority to undertake the transfer of the providing of water services in Ponderosa to Sunshine and the persons or parties executing this Agreement on behalf of Community have full right, title and authority to execute same. Community shall provide to Sunshine at Sunshine's reasonable request, and such documents, authorizations or approvals as are necessary to assure Sunshine that this document and the matters herein set forth are within the authority and power of Community and the parties executing this Agreement on behalf of Community.
- 16. In the event that Sunshine is unable to obtain the appropriate permits or authorities from any state or local agencies necessary to effectuate the provisions of this Agreement and, specifically, without limiting the generality of the foregoing, if the Public Service Commission to approve, then, upon notification of the denial of any such permits or licenses, or Public Service Commission approval, Sunshine shall immediately re-transfer the entire water system and authority for the providing of water to Community and shall forfeit all rights and interest under this Agreement. Sunshine, if lawful, may retain all sums collected to determine this Agreement. Sunshine shall be responsible for all documentation and expenses necessary to unwind this Agreement and shall not be entitled to any reimbursements from the Co-op in the event that this Agreement is canceled pursuant to this provision, the parties agree to release and hold each other harmless from further obligations to each other with regard to this obligation.

17. If Sunshine pursues the permits and the installation of the appropriate lines with
reasonable diligence, Community may not void, redate, rescind or withdraw from this Agreement
but shall be bound by its terms and obligations. If Sunshine should fail, in the opinion of
Community, to pursue this matter with reasonable diligence then Community shall write to
Sunshine putting Sunshine on notice of its intent to terminate this Agreement but allow Sunshine
a reasonable opportunity of no less than thirty days to implement or pursue a reasonably diligent
course of implementing this Agreement and if Sunshine does so then Community's right to
terminate this Agreement shall no longer exist.

Dated this $_$ day of $_$ \bigvee 002.

SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.

COMMUNITY WATER CO-OP

JAMES HODGES, President

10230 E. Hwy. 25 Belleview, FL 34420 352-347-8228

F:\Z\CLIENTS\HODGES.COM\SLW

By: Sine) Engene Brown
GENE BROWN, President
18625 SE 19th Street
Silver Springs, FL 34488

352-625-4416

witness - Dull

Exhibit 4

The Co-op is not regulated, therefore, no outstanding fees or fines apply. Sunshine Utilities has no outstanding regulatory assessment fees, fines or refunds owed.

Exhibit 5

No Financing.

Exhibit 6

None

system as of	The proposed net the date of the proposed	t book value of the transfer. If rate
base (or net b	ook value) has been estabi	lished previously by
this Commissi	on, state the Order No. a	
undate this wa	te base (or net book value	adjustments made to
proposed tran		,
for the inclusive requested. (- A statement settin sion of an acquisition ad An acquisition adjustmer s of the utility differs fr	ljustment, if one is nt results when the
	, address and telephone n ssion of the books and re	-
See Attache	eđ	()
Name		Phone No.
City	State	Zip Code
City Exhibit N/A		_
Exhibit N/A are not availant adequate f of the system, extensive efferecords for in	State - If the books and reable for inspection by the or purposes of establishing a statement by the buyer ort has been made to obtain the books and respection by the books and respection the books and respection the books.	ecords of the seller cords of the seller commission or are not the net book value that a good faith, tain such books and on and detailing the
Exhibit N/A are not availad not adequate for the system, extensive efforceds for insteps taken to Exhibit 9 obtained or witax returns o	- If the books and reable for inspection by the or purposes of establishing a statement by the buyer ort has been made to obtain the books and reached a statement from the light obtain copies of all of the seller from the data	ecords of the seller cords of the seller commission or are not the net book value that a good faith, tain such books and on and detailing the ecords. The buyer that is has a the federal income ate the utility was
Exhibit N/A are not availaded not adequate for the system, extensive effectords for in steps taken to be a substitute of the system of the sys	- If the books and reable for inspection by the or purposes of establishing a statement by the buyer ort has been made to obtain the books and read to a statement from the looks of all of	ecords of the seller commission or are not the net book value that a good faith, tain such books and on and detailing the ecords. The buyer that is has the federal income ate the utility was t established by the not been obtained, a

Exhibit 7

The proposed net book value as the date of transfer is unknown.

Exhibit 8

No acquisition adjustment is requested.

D Books and Records of Seller

Eugene C. Brown, President Community Water Co-op, Inc. 18625 SE 19th Street Silver Springs, FL 34488

Dolores Gearhart, Secretary/Treasurer Community Water Co-op, Inc. 18621 SE 18th Street Silver Springs, FL 34488

Exhibit 9

Federal Income tax returns of Co-op - Attached

Exhibit 10

Bret Williams confirmed that the system being acquired appears to be in satisfactory condition other than the DEP mandate to improve the water supply. Since the deadline to improve the water supply has passed by 5 months, Sunshine respectfully request a rush of this transfer in of the Co-op. See Exhibit 2 and attachment.

1120-H

Department of the Treasury Internal Revenue Service

U.S. Income Tax Return for Homeowners Associations

2001

For calend	dar year 2001 or tax year beg	ginning	, and e	nding				
Use IRS	Name					Employer ide	ntification numb	er (see page 4)
label.	COMMUNITY WATER	CO-OP INC				1		59-3247034
Otherwise,	Number, street, and ro		O box s	see page 4	}	Date assoc	iation formed	
please	PO BOX 1107	(,, ,,	o. 50m, c	ou page	• /		iation formou	
1'			State	ZIP cod		1		
print	City or town,				ie		101101100	
or type.	SILVER SPRINGS		<u>FL</u>	34489		J	12/19/199	
Check if:	(1) Final return	(2) Name chan	ge	(3)	Address change	(4)	Amended retur	n
A Check type	of homeowners association:	Condominium manageme	ent associa	tion X F	Residential real estat	le association	Timesha	re association
B Total exe	empt function income. I	Must meet 60% gross in	come te	st (see ins	tructions)		B	27,126
C Total exp	penditures made for pur	poses described in 90%	expend	iture test (see instructions)	C	24,210
	ion's total expenditures							24,626
	npt interest received or							21,020
L Tax-exer	Tipt litterest received of						· · · · · · ·	<u> </u>
		Gross Income (exc						
	S							
2 Taxable	interest						. 2	1,242
3 Gross re	nts						3_	
4 Gross ro	yalties						4	
5 Capital o	ain net income (attach	Schedule D (Form 1120)))				5	0
	or (loss) from Form 479							0
	come (excluding exempl							0
8 Gross in	come (excluding exemp	t function income) Add	d lines 1	through 7			8	
								1,242
	eductions (directly co							1e)
	and wages							
10 Repairs	and maintenance						10	
11 Rents .							11	
12 Taxes ar	nd licenses						12	
13 Interest								1
14 Deprecia	tion (attach Form 4562)							
	ductions (attach schedu							
	ductions. Add lines 9 th							
								1040
	income before specific							1,242
18 Specific	deduction of \$100	<u> </u>	<u> </u>	<u> </u>	<u> </u>		18	100
	···			ayments				
19 Taxable	income. Subtract line 1	8 from line 17					19	1,142
20 Enter 30	% of line 19. (Timeshai	re associations, enter 3:	2% of lin	ie 19.) .			20	343
21 Tax cred	its (see instructions) .						21	0
22 Total tax	. Subtract line 21 from	line 20. See instruction	s for rec	capture of	certain credits		22	343
23 Paymen				•				
	erpayment credited to 20	<u>101</u>	232				uuuuiXIIIII	
	imated tax payments .		23b					
					」 C Total	23c	0	
	sited with Form 7004					23d	0	
	r tax paid on undistribut					23e		
	r Federal tax on fuels (a						0	
	s 23c through 23f						23g	0
24 Tax due.	Subtract line 23g from	line 22. See instruction	ns for de	pository m	nethod of tax pa	yment	24	343
25 Overpay	ment. Subtract line 22 t	from line 23g					25	0
26 Enter amo	unt of line 25 you want: Cre	dited to 2002 estimated tax				Refunded	26	0
	Under penalties of perjury, I declar	e that I have examined this return in	ncluding acc	ompanying sch	edules and statements			
Sign	correct, and complete. Declaration	of preparer (other than taxpayer) is	s based on a	Il information of	which preparer has an	y knowledge.	, memoge in	20101, 10 10 11 00 1
-		•				May	the IRS discuss	this return
Here			}			with	the preparer sho	own below (see
	Signature of officer	Date	Titl	le		inst	ructions)?	Yes No
					1::	<u></u>		
	Preparer's	•	Da		Check if self-	Prepare	er's SSN or PTI	N
Paid	signature	a Kinger	2	2/28/2002	employed	P0003	8944	
Preparer's	Firm's name (or yours	H & R BLOCK PRE		······································			43-1632899	
Use Only	if self-employed),							
	address, and ZIP code	2510 SE 17TH ST (CALA F	34471		Phone	352.63	2-3365
	addition and An Code	20.000 17111010	- O. 1LO 1			Phone i	10. 332-02	2-0000



2002 Florida Intangible Personal Property Tax Return for Corporation, Partnership, and Fiduciary Filers as of January 1, 2002

COMMUNITY WATER CO-OP INC

ATX1 DR-601C

R. 01/02

Name Address

PO BOX 1107

Address

59-3247034 0 Filing Status 0 Amended Return Address Address Changes 0 Bank/Trust 00 City/State/ZIP SILVER SPRINGS, FL 34489 8205000301023015035932470343 DOR Use Only 59-3247034 0 0 0 0 Λ n n 0 C 0 0 0 Ω 00 0 0 0 Ω 0 0 0 0 0 0 0 0 Ω Ω 0 1 Accounts Receivable (See Instructions, Page 6) Loans and Notes Receivable (From Schedule B, Line 14) 2. 0.00 Bonds (From Schedule C, Line 15) 3. 0.00 Stocks, Mutuals, Money Market Funds, Limited Partnership 4. Interests, and Beneficial Interest in Any Trust (From Schedule D, Line 16) 0.00 As Agent for Stockholders (From Schedule E, Line 17) Do not enter negative value 5. 0.00 Total Taxable Intangible Assets (Total of Lines 1 through 5) 6. Also enter on Line 1 of Tax Calculation Worksheet (on back) 0.00 Tax Due (From Tax Calculation Worksheet, Line 5) If Line 7 is less than \$60, no payment is due (File your return by TeleFile or Internet) 0.00 Credits (From Tax Credit Worksheet, Line C) 8. 0.00 9. 0.00 Discount (Jan. or Feb. - 4%; March - 3%; April - 2%; May - 1%; June - 0%; if postmarked on or before 10. the last day of the discount period. The discount period is not extended when ending on a Saturday, Sunday, . . . 0.00 or federal or state holiday. See Instructions, Page 7) Penalty and Interest (See Instructions, Page 7) 11. 0.00 Voluntary Election Campaign Contribution (\$5 - See Instructions, Page 7) 12. 13. Total Due: (Enter here and on Line 13a of the Coupon below. See Instructions, Page 7) 13a. Total Due From Line 13 0.00 13b. Less Amount Paid with Extension 13c. Total Due (Line 13a less Line 13b; U.S. funds only) The total due cannot be a negative number. If the total due is less than or equal to zero, enter "0". Any overpayment will be refunded automatically. 0.00 Under penalties of perjury, I declare that I have examined this return, accompanying schedules and statements, and it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge [ss 199 232(2), 92 525(2), and 837.06, F.S.] Signature of Officer Date Telephone No. Signature of Individual or Firm Preparing the Return Date Preparer's SSN or FEIN or PTIN Block Qa 02/28/2002 DEFLT Payment Coupon 2002 Florida Intangible Tax / Do Not Detach DR-601C ATX1 Return and Payment must be postmarked no later than June 30, 2002, to avoid Penalty and Interest. R. 01/02 FEIN 59-3247034 COMMUNITY WATER CO-OP INC ← Check here if you transmitted Make Check Payable and Mail To: funds electronically PO BOX 1107 FLORIDA DEPARTMENT OF REVENUE Check here if you do not want the **5050 W TENNESSEE ST** Department to send you a form next year. (*see back of coupon) SILVER SPRINGS, FL 34489 TALLAHASSEE FL 32399-0140 59-3247034 n 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0.0 0 0 0 0 0 0 0 0 0 0 0 0 0

Important Information Requested

1 if this is your first time filing an Intanglise Tax Return, please complete the following: Date of incorporation Date you began business in Florida 2 if your filing status has changed, please enter the previous FEIN, the new FEIN, and the new filing status. Filling Status San Filling Status Filling	NAME: COMMUNITY WATER CO-OP IN	C FEIN: <u>59-324703</u>	34				
Date you began business in Florida 2. If your filing status has changed, please enter the previous FEIN, the new FEIN, and the new filing status Previous FEIN New FEIN New FEIN New FEIN New FEIN New FEIN New FEIN Previous FEIN New FEIN New FEIN New FEIN New FEIN Previous FEIN New Address City/State/ZIP Taxpayer(s) Tax Calculation Worksheet 1. Enter Total Taxabile Intangible Assets from Schedule A, Line 6 2. Multiply by Tax Rate 3. Tax Due Carry Amount to Schedule A, Line 7 \$ 0.00 Taxpayer(s) Tax Calculation Worksheet 1. Enter Total Taxabile Intangible Assets (care instructions). Identify State (as enstructions). Identif	1 If this is your first time filing an Intangible	ax Return, please comp	plete the following:				
2. If your filing status has changed, please enter the previous FEIN, the new FEIN, and the new filing status Previous FEIN New FEIN New Fein classed from Lake on Columbing Attention or Lake Feature In Care of Caty/State/ZIP Section of Contaminated Dry-Cleaning B. Cleanup of Contaminated Dry-Cleani	Date of incorporation	12/19/1991					
File Fellow Fellow File Fellow Fello	·	1	_				
FEIN, the new FEIN, and the new filing status: Previous FEIN New FEIN Affiliated group of Corporations Final Rowan (Modest Spamil List, See Page 10) Final Rowan (Modest List	2. If your filing status has changed, please en	ter the previous	Filing S	Status			
Previous FEIN New FEIN Panership P							
Pervious FEIN			Affiliated Group of Corporations	Information Return Only			
Trustee Total Care of Taxpayer(s) Taxpayer(s) Taxpayer(s) Taxpayer(s) Attention or In Care of Taxpayer(s) Taxp		Nov. CCINI	(Must Submit List, See Page 10)	(Filed Under			
3. If your name/mailing address has changed or is incorrect, please complete the following: Name of Taxpayer(s) New Address Telephone Number Signature Tax Calculation Worksheet Signature Tax Calculation Worksheet Signature Tax Calculation Worksheet Signature Tax Credit Worksheet (see Instructions, Page 6) A Intengible Tax Paid to Another State (see Instructions, Identify State (see Instructions, Page 6) A Intengible Tax Paid to Another State (see Instructions, Page 6) A Intengible Tax Paid to Another State (see Instructions, Page 6) A Intengible Tax Paid to Another State (see Instructions, Page 6) A Intengible Tax Paid to Another State (see Instructions, Page 6) A Intengible Tax Paid to Another State (see Instructions, Page 6) A Intengible Tax Paid to Another State (see Instructions, Page 6) A Intengible Tax Paid to Another State (see Instructions, Page 6) A Intengible Tax Paid to Another State (see Instructions, Page 6) A Intengible Tax Paid to Another State (see Instructions, Page 6) A Intengible Tax Paid to Another State (see Instructions, Page 6) A Intengible Tax Paid to Another State (see Instructions, Page 6) A Intention Tax Credit Worksheet (see Instructions, Page 6) A Intengible Tax Paid to Another State (see Instructions, Page 6) A Intention Tax Credit United State (see Instructions, Page 6) B Cl	Previous FEIN	New FEIN					
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Information Notices (If none of the boxes below are applicable, disregard this section.) Check the appropriate box below: (SEE INFORMATION NOTICES ON PAGE 9 OF THE INSTRUCTIONS) 1. We hereby certify this corporation is not required to file a notice of stock value because its shares are regularly listed on a public exchange or traded over the counter. May use alternate method of filing, Page 12. We hereby certify this corporation's Florida stockholders were notified of the just value per share on or before April 1, for all of its shares that are not publicly traded or are restricted. May use alternate method of filing, Page 12. We hereby certify this corporation elects to pay the intangible tax as agent for its Florida stockholders and certify all Florida stockholders were notified of this election on or before April 1. A copy of the notice is included with this return. The corporation has included the value of its shares held by Florida residents on this tax return, Information Notices (If none of the boxes below are applicable, disregard this section.) Note: If checking box 2 or 3, and your company's stock is not regularly traded on the open market, make sure that the value used for the company's shares is a reasonable market value. BOOK VALUE ALONE IS GENERALLY NoT A GOOD ESTIMATE FOR MARKET VALUE. Neither foreign currency nor funds drawn on other than U.S. banks will be accepted. State law requires a service fee for returned checks or drafts of \$15 or 5% of the face amount, whichever is greater, not to exceed \$150 [s. 215.34(2), F.S.]. Make check payable to: Florida Department of Revenue (Include FEIN on check)				1			
Information Notices (If none of the boxes below are applicable, disregard this section.) Check the appropriate box below: (SEE INFORMATION NOTICES ON PAGE 9 OF THE INSTRUCTIONS) 1. We hereby certify this corporation is not required to file a notice of stock value because its shares are regularly listed on a public exchange or traded over the counter. May use alternate method of filing, Page 12. 2. We hereby certify this corporation's Florida stockholders were notified of the just value per share on or before April 1, for all of its shares that are not publicly traded or are restricted. May use alternate method of filing, Page 12. 3. We hereby certify this corporation elects to pay the intangible tax as agent for its Florida stockholders and certify all Florida stockholders were notified of this election on or before April 1. A copy of the notice is included with this return. The corporation has included the value of its shares held by Florida residents on this tax return, If checking box 2 or 3, and your company's stock is not regularly traded on the open market, make sure that the value used for the company's shares is a reasonable market value. BOOK VALUE ALONE IS GENERALLY NOT A GOOD ESTIMATE FOR MARKET VALUE. Neither foreign currency nor funds drawn on other than U.S. State law requires a service fee for returned checks or drafts of \$15 or 5% of the face amount, whichever is greater, not to exceed \$150 [s. 215.34(2), F.S.]. Make check payable to: Florida Department of Revenue (Include FEIN on check)	Carry Amount to Schedule A, Line 7	\$ 0.00	Enter on Schedule A, Line 6	0.00			
Check the appropriate box below: (SEE INFORMATION NOTICES ON PAGE 9 OF THE INSTRUCTIONS) 1. We hereby certify this corporation is not required to file a notice of stock value because its shares are regularly listed on a public exchange or traded over the counter. May use alternate method of filing, Page 12. 2. We hereby certify this corporation's Florida stockholders were notified of the just value per share on or before April 1, for all of its shares that are not publicly traded or are restricted. May use alternate method of filing, Page 12. 3. We hereby certify this corporation elects to pay the intangible tax as agent for its Florida stockholders and certify all Florida stockholders were notified of this election on or before April 1. A copy of the notice is included with this return. The corporation has included the value of its shares held by Florida residents on this tax return, Note: If checking box 2 or 3, and your company's stock is not regularly traded on the open market, make sure that the value used for the company's shares is a reasonable market value. BOOK VALUE ALONE IS GENERALLY NOT A GOOD ESTIMATE FOR MARKET VALUE. Neither foreign currency nor funds drawn on other than U.S. banks will be accepted. State law requires a service fee for returned checks or drafts of \$15 or 5% of the face amount, whichever is greater, not to exceed \$150 [s. 215.34(2), F.S.]. Make check payable to: Florida Department of Revenue (Include FEIN on check)	All many is a field		on Notices	C			
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May use alternate method of filing, Page 12. We hereby certify this corporation's Florida stockholders were notified of the just value per share on or before April 1, for all of its shares that are not publicly traded or are restricted. May use alternate method of filing, Page 12. 3. X We hereby certify this corporation elects to pay the intangible tax as agent for its Florida stockholders and certify all Florida stockholders were notified of this election on or before April 1. A copy of the notice is included with this return. The corporation has included the value of its shares held by Florida residents on this tax return, Market value. BOOK VALUE ALONE IS GENERALLY NOT A GOOD ESTIMATE FOR MARKET VALUE. Neither foreign currency nor funds drawn on other than U.S. banks will be accepted. State law requires a service fee for returned checks or drafts of \$15 or 5% of the face amount, whichever is greater, not to exceed \$150 [s. 215.34(2), F.S.]. Make check payable to: Florida Department of Revenue (Include FEIN on check)							
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certify all Florida stockholders were notified of this election on or before April 1. A copy of the notice is included with this return. The corporation has included the value of its shares held by Florida residents on this tax return, exceed \$150 [s. 215.34(2), F.S.]. Make check payable to: Florida Department of Revenue (Include FEIN on check)			State law requires a service fee for returned checks or drafts of				
on or before April 1. A copy of the notice is included with this return. The corporation has included the value of its shares held by Florida residents on this tax return, Make check payable to: Florida Department of Revenue (Include FEIN on check)				is greater, not to			
this return. The corporation has included the value of its shares held by Florida residents on this tax return, Make check payable to: Florida Department of Revenue (Include FEIN on check)			exceed \$150 [s. 215.34(2), F.S.].				
shares held by Florida residents on this tax return, (Include FEIN on check)			Make check payable to: Florida Depar	rtment of Revenue			
Schedule F. May use alternate method of filing if Tay Duo.	shares held by Florida residents on the	nis tax return,					
is less than \$60, Page 12. Mail to: FLORIDA DEPARTMENT OF REVENUE	-	d of filing if Tax Due	Mail to: FLORIDA DEPARTMENT OF	REVENUE			

5050 W TENNESSEE ST

TALLAHASSEE FL 32399-0140

We hereby certify this corporation has no Florida stock-

holders. May use alternate method of filing, Page 12.

Form 1120-H Department of the Treasury

Internal Revenue Service

U.S. Income Tax Return for Homeowners Associations

OMB No. 1545-0127

2000

For calendar year 2000 or tax year beginning 2000, and ending , 20 Use Name Employer Identification number (see instructions) IRS COMMUNITY WATER CO-OP INC 59-3247034 label. Number, street, and room or suite no. (If a P.O. box, see instructions.) Date association formed Otherwise, PO BOX 1107 please City or town, state, and ZIP code print or SILVER SPRINGS, 34489 12/19/1991 type. FL(2)Change of address Final return (3)Amended return Check if: Α Check type of homeowners association: Condominium management association Residential real estate association Timeshare association В 26,841. B 24,859. C C 25,087. D D Tax-exempt interest received or accrued during the tax year. Ε Ε Gross Income (excluding exempt function income) 1 1 2 2 Taxable interest 1,486. 3 3 4 4 5 5 6 6 7 7 Other income (excluding exempt function income) (attach schedule)..... 8 8 1,486. Gross Income (excluding exempt function income). Add lines 1 through 7...... Deductions (directly connected to the production of gross income, excluding exempt function income) 9 Salaries and wages 9 10 10 Repairs and maintenance 11 11 12 Taxes and licenses..... 12 13 13 14 14 15 Other deductions (attach schedule) 15 16 Total deductions. Add lines 9 through 15.... 16 17 Taxable income before specific deduction of \$100. Subtract line 16 from line 8..... 17 1,486. 18 Specific deduction of \$100..... 18 \$100.00 Tax and Payments 19 Taxable Income. Subtract line 18 from line 17. 1,386. 19 20 Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.) 20 416. 21 Tax credits (see instructions) 21 22 22 416. 23 Payments: a 1999 overpayment credited to 2000 23a b 2000 estimated tax pymts. 23b C Total ▶ 23C d Tax deposited with Form 7004..... 23d e Credit for tax paid on undistributed capital gains (attach Form 2439) 23e 23q 24 Tax due. Subtract line 23g from line 22. See instructions for depository method of tax payment..... 416. 25 Overpayment. Subtract line 22 from line 23g 25 26 Enter amount of line 25 you want: Credited to 2001 estimated tax ▶ Refunded▶ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign SECRETARY-TREASURER Here Signature of officer Date Title Date Preparer's Preparer's SSN or PTIN Check if self-Paid signature 02/28/2001 employed P00038944 Preparer's Firm's name (or yours PRÈMIUM 43-1632899 EIN if self-employed) Ε Silver Springs Blvd Phone no. Use Only address, and ZIP code 34470 Ocala, FL(352)622 - 3365For Paperwork Reduction Act Notice, see instructions. Form 1120-H (2000)

Supplemental Schedules - 2000 Company: COMMUNITY WATER CO-OP INC Page: 1

EIN: 59-3247034

Form 1120-H - Deductions, Line 15 Other Deductions

Description	Amount
WATER TESTING	5,263.
DRILLING AND SURVEYING	3,995.
DUES AND SUBSCRIPTIONS	101.
INSURANCE	585.
OFFICE EXPENSE	208.
LEGAL AND PROFESSIONAL	1,158.
MISC LABOR	110.
CHEMICALS	170.
SALARIES	4,946.
REPAIRS AND MAINTENANCE	1,858.
UTILITIES	2,437.
PAYROLL TAXES	349.
FUTA	37.
TRAVEL	737.
TANGIBLE TAX	99.
DEPRECIATION	2,053.
BANK CHARGES	260.
LICENSES AND FEES	123.
POSTAGE	250.
SAFE DEPOSIT BOX RENTAL	120.
TOTAL	24,859.

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172 2000

Sequence No. 67

Department of the Treasury ► See separate instructions. Attach this form to your return. Internal Revenue Service (99)

Attachment

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Form 1120-H Line 14 COMMUNITY WATER CO-OP INC 59-3247034 Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.) \$20,000 2 2 Total cost of section 179 property placed in service. See the instructions...... 3 \$200,000 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... 5 Dollar limitation for tax year, Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 20,000. 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7....... 9 Tentative deduction. Enter the smaller of line 5 or line 8..... 9 10 11 11 Business income limitation. Enter smaller of business income (not less than zero) or line 5 (see instructions). 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.... 13 Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property. MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property.) Section A -- General Asset Account Election 14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more Section B -- General Depreciation System (GDS) (See the instructions.) (b) Month and (c) Basis for depr. (g)Depreciation (d) Recovery (a) Classification of property (f) Method year placed (business/investment use period Convention deduction in service only -- see instructions) 15 a 3-year property **b** 5-year property C 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs. h Residential rental 27.5 yrs. MM S/L MM S/L property 27.5 yrs. Nonresidential real MM S/L 39 yrs. MM S/L property Section C -- Alternative Depreciation System (ADS) (See the instructions S/L 16a Class life b 12-year 12 yrs. S/I MM S/L C 40-year 40 yrs. Part III Other Depreciation (Do not include listed property.) (See the instructions.) 921 17 17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000..... 18 19 1,132 19 ACRS and other depreciation Part IV Summary (See the instructions.) 20 21 Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on 2,053. the appropriate lines of your return. Partnerships and S corporations -- see instructions. 22 For assets shown above and placed in service during the current year, enter the 22 portion of the basis attributable to section 263A costs.....

Supplemental Schedules
Company: COMMUNITY WATER CO-OP INC

2000

EIN: 59-3247034

Form	4562	Accet	Listing.	Form	1120-H	Line	14

# Description	- T	Acq. Date	Pct. Used		Cost Basis	Depr Method	Conv	Est Life	Prior Depr.	Sec 179	2000 Depr
1 COMPRESSOR	N	09/20/89	100%	N	1,600	MACRS DDB	HY	7	1,600	0	C
2 3 HP SUBPUM	N	06/05/91	100%	И	1,816	MACRS DDB	HY	7	1,816	0	C
3 525 GAL TANK	N	04/13/93	100%	N	1,100	MACRS DDB	С	7	954	0	146
4 WATER LINE	И	08/02/94	100%	N	20,000	150 DB	C	15	8,683	0	1,132
5 TANK	И	05/15/95	100%	И	2,234	MACRS DDB	С	7	1,735	0	143
6 FENCE	N	08/04/95	100%	И	480	MACRS DDB	C	7	373	0	31
7 2000 GAL TAN	И	08/09/95	100%	N	9,146	MACRS DDB	C	7	7,106	0	583
8 EQUIP	И	06/01/96	100%	И	207	MACRS DDB	C	7	143	0	18
Prior Year Totals									22,410	0	
Current Year Totals					36,583					0	2,053

Supplemental Schedules
Company: COMMUNITY WATER CO-OP INC

2000

EIN: 59-3247034

Form 4562 Schedules, Form 1120-H Line 14 Alternative Minimum Tax/Tax Preferences Depr. of property placed in service after 1986

# Description	Acq. Date	Cost Basis	AMT Life	Depr Method	Conv	AMT Prior	Reg. Depr	AMT Depr	AMT Adj
1 3 HP SUBPUM	06/05/91	1,816	10	MACRS DB	HY	2,210	0	331	-331
2 525 GAL TANK	04/13/93	1,100	10	MACRS DB	HY	1,136	146	144	2
3 WATER LINE	08/02/94	20,000	20	MACRS DB	HY	8,108	1,132	1,098	34
4 TANK	05/15/95	2,234	10	MACRS DB	HY	1,392	143	211	-68
5 FENCE	08/04/95	480	10	MACRS DB	HY	299	31	45	-14
6 2000 GAL TAN	08/09/95	9,146	10	MACRS DB	HY	5,700	583	864	-281
7 EQUIP	06/01/96	207	10	MACRS DB	HY	90	18	18	0
Prior Year Totals	_					18,935			
Current Year Totals		34,983				·	2,053	2,711	-658

Supplemental Schedules Company: COMMUNITY WATER CO-OP INC

2000

EIN: 59-3247034

Form 4562 Schedules, Form 1120-H Line 14 State Depreciation

Asset # Description	Acq. Date	Cost Basis	ST Life	Depr Method	Conv	ST Prior	Reg. Depr	ST Depr	ST Adj
1 COMPRESSOR	09/20/89	1,600	7	MACRS DDB	HY	2,384	0	0	0
2 3 HP SUBPUM	06/05/91	1,816	7	MACRS DDB	HY	2,706	0	0	0
3 525 GAL TANK	04/13/93	1,100	7	MACRS DDB	HY	1,527	146	112	34
4 WATER LINE	08/02/94	20,000	15	150 DB	HY	9,628	1,132	1,369	-237
5 TANK	05/15/95	2,234	7	MACRS DDB	HY	1,972	143	232	-89
6 FENCE	08/04/95	480	7	MACRS DDB	HY	424	31	50	-19
7 2000 GAL TAN	08/09/95	9,146	7	MACRS DDB	HY	8,072	583	952	-369
8 EQUIP	06/01/96	207	7	MACRS DDB	HY	143	18	18	0
Prior Year Totals	_					26,856			
Current Year Totals		36,583					2,053	2,733	-680

1999 - 2000 TAX SUMMARY

Company: COMMUNITY WATER CO-OP INC

EIN: 59-3247034

Page 1

INCOME 2000 1999 DIFFERENC ross receipts or sales 0. 0. 0. ess returns and allowances 0. 0. 0. alance 0. 0. 0.	F
ss returns and allowances. 0. 0.	_
ss returns and allowances	0.
	0.
	0.
ost of goods sold	0.
oss profit 0. 0.	0.
vidends 0. 0.	0.
terest	25.
oss rents	0.
oss royalties 0. 0.	0.
apital gain net income	0.
et Form 4797 gain/(loss)	0.
her income	0.
OTAL INCOME 1,486. 861. 6.	25.
	لنست
DEDUCTIONS	
ompensation of officers	0.1
	0.
marros and mages, , , , , , , , , , , , , , , , , , ,	0.1
pans and maintenance	0.
d dobto	0.
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Not and notices	0.
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latitudio Continuations, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	0.1
,producti	0.
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The year action. Programs	0.
	0.
OTAL DEDUCTIONS	0.
	25.
et operating loss deduction	0.
pecial deductions	0.
XABLE INCOME 1,386. 761. 6	25.
xable income before net operating loss	

1999 - 2000 TAX SUMMARY

Company: COMMUNITY WATER CO-OP INC

EIN: 59-3247034

Page 2

TAXES AND CREDITS	2000	1999	DIFFERENCE
Schedule J	416.	228.	188.
Personal holding company tax Recapture taxes Alternative minimum tax Qualified zone academy bond credit	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
Foreign tax credit	0.	0. 0. 0.	0.
General business credit	0.	0.	0.
	0.	0.	0.
	416.	228.	188.
PAYMENTS			
Prior year overpayment credited Estimated tax payments Less current year refund applied for on Form 4466 Tax deposited with Form 7004 Credit for tax paid on unditributed capital gains Federal tax on fuels credit Backup withholding TOTAL PAYMENTS	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
AMOUNT DUE Estimated tax penalty	0.	0.	0.
	416.	228.	188.
REFUND Overpayment less estimated tax penalty	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
ESTIMATED TAX			
First Installment Second Installment Third Installment Fourth Installment	0.	0.	0.
	0.	0.	0.
	0.	0.	0.

	2001 Florida Part FEIN 59-3247 Filling X Corpora Status: Fiducia	Partnership	ers as of January 1, 200 nanges Amended Ret	01 urn Bank/S&L D ITY WATER CO	TASC Charitable Trust -OP INC	NTF9 DR-601C R. 01/01
81490	00301013015035932470)343	City/State/Zip SI	LVER SPRINGS	, FL 344	89
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4 4000	unts Receivable					0.00
	and Notes Receivable (From Schedule					0.00
	s (From Schedule C, Line 18)					0.00
	s, Mutuals, Money Market Funds, Limited Partn					0.00
5. As Ag	gent for Stockholders (From Schedule E	, Line 20.) Do not enter neg	pative value			0.00
	Taxable Intangible Assets (Total of Line					0.00
	oue (Multiply Line 6 X .001) If Line 7 is le					0.00
	ts (From Tax Credit Worksheet, Line 14)					0.00
9. Total 10. Disco	Tax Due (Subtract Line 8 from Line 7) . unt (Jan. or Feb 4%; March - 3%; Ap f the discount period. The discount peri	oril - 2%; May - 1%; June -	0%; if postmarked on or	r before the last		0.00
day o or sta	f the discount period. The discount peri te holiday. See Instructions.)	od is not extended when e	nding on a Saturday, Sui	nday, or tederal		0.00
	Ity and Interest (See Instructions.)					0.00
	ntary Election Campaign Contribution (\$					0.00
	Due					0.00
	Amount Paid with Extension					0.00
	Due (Line 13a less Line 13b; U.S. Fund					0.00
Underpenal	oplication for Refund is required for all o ties of perjury, I declare that I have examined th	nis return, accompanying schedul	es and statements, and it is tr	ue, correct, and complete. If	prepared by a persor	otherthan
the taxpayer	, this declaration is based on all information of		52) 625-1085	(2); and 837.06, F.S.J.	 TASC	
Signature of	f Officer f Individual or Firm Preparing the Return		92 / 023 - 1003 ephone No.	Date Pre	parer's SSN or FEIN	or PTIN
HE	R BLOW &C	J Klinger		02/28/2001	43-163289	99
	t Coupon 2001 Florida Intang	1	Not Detach		NTF 33013	NTF9 DR-601C
	d Payment must be postmarked no la		avold Penalty and Inter N 59-3247034			R. 01/01
	ect name, address, and FEIN below, if r OMMUNITY WATER CO-OF	•	39-324/034		ck Payable and M	ail To:
	PO BOX 1107		Check here if you transmitte	d FLORIDA DES	PARTMENT OF F	REVENUE
Address			funds electronically		V TENNESSEE S ASSEE FL 32399-	
City/State	/ZIp_SILVER SPRINGS, F	FL 34489	Check here if you do <u>not</u> wa Department to send you a fo	nt the orm next year.		
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NTF 9 FL DR-601C R. 01/01 Page 2

Important Information Requested

1.	If this is your first time filing an Intangible Tax Return, please compl	lete the followi	ng:					
	Date of incorporation		Month	Day	Year			
	Date you began business in Florida	Example:	06	10	2000			
2.	If your filing status has changed, please enter the previous FEIN, the new FEIN, and the new filing status:	(Mus	ted Group		Filing Statement or Filing Statement of Stat	Fina	al Return rmation Return Onl Jnder	y)
	Previous FEIN New FEIN	Corp	oration			Trus	stee	·
3.	If your name/ mailing address has changed or is incorrect, please of	complete the fo	ollowing:					
	Name of Taxpayer(s)				· · · · · · · · · · · · · · · · · · ·			
	Attention or In Care of				<u>.</u>			
	New Address							
	City/State/ZIP							
	Telephone NumberSignature							
	ax Credit Worksheet (see:Instructions)							
10								
Α.	Intangible Tax Paid to Another State (see Instructions). Identify St	tate:				Α.		
В.	Cleanup of Contaminated Dry-Cleaning/Brownfield Sites (if credit	t not taken on	F-1120)			В.		
14	Total Credit (Line A plus Line B). Enter on Schedule A, Line 8					14.		
	Informati (If none of the boxes below are	applicable	, disreç			.)		
Che	eck the appropriate box below: (see Information No	tices in the	Instru	ctions)				
1.	We hereby certify this corporation is not required to file a notice exchange or traded over the counter.	of stock value	because	its shares	are regularly	/ listed o	on a public	
2. 3.	We hereby certify this corporation's Florida stockholders were not shares that are not publicly traded or are restricted. A copy of the We hereby certify this corporation elects to pay the intangible tax stockholders were notified of this election on or before April 1. A has included the value of its shares held by Florida residents on	e value notice x as agent for i copy of the n	is include ts Florida otice is inc	d with th stockhol	is return. ders and cert	tify all Fl	orida	
	We hereby certify this corporation has no Florida stockholders. If checking box 2 or 3, and your company's stock is not regularly transported to the charge is a reasonable market value. Really relies along the						ported for	
	ompany's shares is a reasonable market value. Book value alone is er foreign currency nor funds drawn on other than U.S. banks will be		ı a good	esumat	or market	value,		

State law requires a service fee for returned checks or drafts of \$15.00 or 5% of the face amount, whichever is greater, not to

0 FL601C2 NTF 33014

exceed \$150.00 [s. 215.34(2), F.S.].

Include These Schedules With Your Tax Return Name: COMMUNITY WATER CO-OP INC

FEIN 59-3247034

Schedule B	Loans ar	nd Notes Receiv	vable				Total Taxable Amount January 1, 2001
Loans Receivable	20 ISO000041318100000000000000000		_				
Notes Receivable			-				
Other							
17. Total of Scho	edule B (Ente	er on Schedule A, LI	ne 2.)			17.	
Schedule C	Bonds						
Name of Issuer (List Alphabetic One Bond Per (A)	, Series cally Line)	Face Value Per Bond (B)	Interest Rate (C)	Maturity Date (D)	Number Owned (E)	Per \$100.00 Value (F)	Total Taxable Amount January 1, 2001 (G)
Example: X,Y,Z Co	orporation	50	7%	2020	50	100,1420	(B) X (E) ÷100 X (F) = \$2,503.55
				<u>3</u>			
				37.			
-							
							_
							·
18. Total of Sche	dule C (Ente	r on Schedule A, Li	ne 3.)			16.	0.

include additional schedules if necessary. Photocopies of all schedules are acceptable. You may use your broker's statement if all required information is listed and the totals are transferred to the appropriate schedule(s).

59-3247034 NTF9 FL DR-601CS R. 01/01

Schedule D	Stocks, Mutuals, any Trust The law	Money Marke provides for a sp	t Funds, Limi ecific penalty of t	ted Partner	ship interests, ar d and/or undervalued	Page ad Beneficial Interest in stock.
	ne of Company IssuIng St phabetically Do not Abb (A)		Class C = Common P = Preferred (B)	Number of Shares (C)	Just Value Per Share (D)	Total Just Value January 1, 2001 (E)
E	Example: X,Y,Z Corporation	n	С	100	8.875	(C) X (D) = \$887.50
		_	-			
		_				
	•					
		_				
			_	-		
_						
				1		
19. Total of S Schedule E	Corporations Onl		Accest for Flo	saide Cheeld	19.	
	Total Number of	No. of Taxable S		ist Value	Value of	T-4-1-T-1-1-1
Class of Stock	Shares Outstanding (1)	(All shares held Florida reside (2)	d by Pe	er Share (3)	Shares Outstanding (4)	Total Taxable Amount January 1, 2001 (5)
Common						<u> </u>
Preferred						
Other						
LUANS and ADV	ANCES FROM FLORIDA	STOCKHOLDERS				
	chedule E (Enter on Sch				20.	

Include additional schedules if necessary. Photocopies of all schedules are acceptable. You may use your broker's statement if all required Information is listed and the totals are transferred to the appropriate schedule(s).

COMMUNITY WATER CO-OP INC. STMT OF FINAN. POSITION DECEMBER 31, 2000

REDACTED

		ASSE	rs —		
112 113		\$	12,438.95		
	TOTAL CURRENT ASSETS:		\$	46,349.07	
210 260 280	FIXED ASSETS LAND/ROAD IMPROVEMENTS MACHINERY & EQUIPMENT ACCUMULATED DEPRECIATION		20,000.00 16,583.43 (9,058.00)		
	TOTAL FIXED ASSETS			27,525.43	
	TOTAL ASSETS			\$	73,874.50
	LIABILI	TIES	& CAPITAL		
430 435 436	CURRENT LIABILITIES: PAYROLL TAXES PAYABLE STATE UNEMPLOYMENT DUE FEDERAL UNEMPLOYMENT DUE	\$	26.95 (0.04) 36.52		
	TOTAL CURRENT LIABILITIE	ES:	\$	63.43	
520 570	CAPITAL RETAINED EARNINGS CURRENT EARNINGS		68,515.11 5,295.96		
	TOTAL CAPITAL			73,811.07	
	TOTAL LIABILITIES & CAP	ITAL		\$	73,874.50

2000 STATE TAX SUMMARY

for

FLORIDA

Name: COMMUNITY WATER CO-OP INC

EIN/SSN#: 59-3247034 Date: 02/28/2001

F-1120						
2. State income taxes deducted 3. Additions to federal taxable 4. Total of lines 1 thru 3 5. Subtractions from federal 6. Adjusted Federal Income 7. Florida portion of adjusted 8. Add nonbusiness income allo 9. Less: Florida Exemption 10. Florida Net Income (Line 7) 11. INCOME/FRANCHISE TAX DUE (5) 12. Credits against the tax fro 13. EMERGENCY EXCISE TAX DUE (6) 14. TOTAL INCOME/FRANCHISE AND 15. Penalty: F-2220 16. Total of Lines 14 and 15 17. Payment credits: Estimated Tentative 18. TOTAL AMOUNT DUE OR OVERPAN 19. Overpayment Credited to nex	d in computing fed taxable income le income taxable income (Schedule II) d federal income ocated to Florida plus Line 8 minus Line 9) 5.5% x Ln 10 or Ln 11 Sch VI) om Line 16 Schedule V from Schedule A) EMERGENCY EXCISE TAX DUE 0. Other 0. TOTAL Tax Payments 0. Tax Payments 0. Tax Payments 0. Tax Payments 0. Tax Year's estimated tax	1,386. 0. 1,386. 0. 1,386. 1,386. 0. 0. 0. 0. 0. 0. 0. 0.				
SCHEDULES Schedule A Schedule R Schedule I Schedule II Schedule III-A, Line 4.		0. 1,386. 0. 0.				
ESTIMATED PAYMENTS 1st Installment 2nd Installment	<pre>0. 3rd Installment 0. 4th Installment</pre>	0.				
DR-601C						
1. Accounts receivable 2. Loans & notes rec 3. Bonds 4. Stock, funds, etc 5. As agent for S/H's. 6. TAXABLE ASSETS 7. TAX DUE	 0. 8. Credits	0. 0. 0. 0. 0.				

Form 1120-H

U.S. Income Tax Return for Homeowners Associations

OMB No. 1545-0127

1999

Department of the Treasury Internal Revenue Service

► For Paperwork Reduction Act Notice, see Instructions

For c	calendar y	vear 1999 or tax year beginning	, 1999, and en	ding			1
Use IRS Iab	5 C	me OMMUNITY WATER CO-OP INC		Emplo		cation nu 3-324	imber (see instructions) 7034
Oth wis	ner- Nu ne, P	mber, street, and room or suite no. (If a P.O. box, see instruction O BOX 1107	ns)	Date a	ssociation fo	ormed	
prli	nt or Cit	y or town, state, and ZIP code ILVER SPRINGS, FL 34489			1	2/19.	/01
typ Chec) Final return (2) Change of address (3)	Amended retu	ırn		. 2 / 1 /	7 7 1
A		pe of homeowners association: Condominium management associ			l estate associ	ation	Timeshare association
B		empt function income. Must meet 60% gross income test (see in					27,738.
C		penditures made for purposes described in 90% expenditure tes	•			<u> </u>	18,410.
D		tion's total expenditures for the tax year (see instructions))- 	18,798.
Ē		empt interest received or accrued during the tax year				·	
		Gross Income (excluding e					
1	Dividen	ds				. 1	
2	Taxable	interest				. 2	861.
3	Gross re	ents				. 3	
4	Gross ro	oyalties				. 4	
5	Capital	gain net income (attach Schedule D (Form 1120))		.	,	. 5	
6	Net gair	. (or loss) from Form 4797, Part II, line 18 (attach Form 4797)				. 6	
7	Other in	come (excluding exempt function income) (attach schedule)				. 7	
8	Gross I	ncome (excluding exempt function income). Add lines 1 through	7			. 8	861.
		Deductions (directly connected to the production of g	ross income, excl	uding e	exempt func	tion incon	ne)
9	Salaries	and wages				. 9	
10	Repairs	and maintenance				. 10	
11	Rents.					1	
12	Taxes a	nd licenses				. 12	
13	Interest						
14	Depreci	ation (attach Form 4562)					
15	Other de	eductions (attach schedule)					<u>,</u>
16		eductions. Add lines 9 through 15					
17		income before specific deduction of \$100. Subtract line 16 from				-	861.
18	Specific	deduction of \$100				. 18	\$100.00
		Tax and Pay			***	1	
19		Income. Subtract line 18 from line 17					761.
20		% of line 19. (Timeshare associations, enter 32% of line 19.)					228.
21		tits (see instructions)					
22		x. Subtract line 21 from line 20. See instructions for recapture of	certain credits	• • • • •		. 22	228.
23	Paymer	its: a 1998 overpayment		0000000000000			
		credited to 1999 23a					
		• • • • • • • • • • • • • • • • • • • •	Total ► 23c				
		d Tax deposited with Form 7004					
		Credit for tax paid on undistributed capital gains (attach Form f Credit for Federal tax on fuels (attach Form 4136)					
		g Add lines 23c through 23f				- 226	
24	Tay dua	s. Subtract line 23g from line 22. See instructions for depository n					228.
25		ment. Subtract line 22 from line 23g					
26		nount of line 25 you want: Credited to 2000 estimated tax				<u> </u>	
	Littor or		eturn, including ac				statements, and to the
Sig	n	Under penalties of perjury, I declare that I have examined this re best of my knowledge and belief, it is true, correct, and complet information of which preparer has any knowledge.	e. Declaration of p	orepáre	er (other tha	n taxpaye	r) is based on all
Hei		historical of this property has any this models.		L			-TREASURER
• !	-	Signature of officer	Date	— ▶	Title		
	_	Preparer's	Date	Ch	eck if self	Prepa	rer's SSN or PTIN
Paic	t	signature La Kangen	02/18/00		ployed >		00038944
Pre	parer's				EIN ▶		3-1632899
Use	Only	if self-employed) 2337 E. SILVER SPR	INGS BLVI).	ZIP code	>	
		and address OCALA, FL				3	4470
CAA	9 11	20H1 NTF 24960					Form 1120-H (1999)

Supplemental Schedules - 1999 Company: COMMUNITY WATER CO-OP INC

Page: 1

EIN: 59-3247034

=========

Form 1120-H - Deductions, Line 15 Other Deductions

Description	Amount
COST OF MATERIAL AND SUPPLIES	846.
WATER TESTING	3,485.
DRILLING AND SURVEYING	3,463.
DUES AND SUBSCRIPTIONS	101.
INSURANCE	571.
OFFICE EXPENSE	- · - ·
ACCOUNTING	114.
RENTAL FEES	815.
CHEMICALS	10.
MEETING EXPENSE	676.
SALARIES	31.
REPAIRS AND MAINTENANCE	3,697.
UTILITIES	1,055.
PAYROLL TAXES	2,392.
SUTA	283.
FUTA	3.
INTEREST	30.
TRAVEL	64.
TANGIBLE TAX AND FILING FEES	720.
DEPRECIATION	100.
BANK CHARGES	2,400.
MISC SUPPLIES	41.
LICENSES AND FEES	93.
POSTAGE	123.
SAFE DEPOSIT BOX RENTAL	240.
DILL BUILDON NUNTAL	220.
TOTAL	18,410.

Supplemental Schedules
Company: COMMUNITY WATER CO-OP INC

1999

EIN: 59-3247034

Asset # Description	 T	Ncq. Date	Pat. Used		Cost Basis	Depr Method	Conv	Est Life	Prior Depr.	Sec 179	Depr
1 COMPRESSOR	И	09/20/89	100%	N	1,600	MACRS DDB	C	- 7	1,600	0	(
2 3 HP SUBPUM	N	06/05/91	100%	И	1,816	MACRS DDB	C	7	1,816	0	(
3 525 GAL TANK	И	04/13/93	100%	Ν	1,100	MACRS DDB	С	7	896	O	58
4 WATER LINE	И	08/02/94	100%	И	20,000	150 DB	С	15	7,425	0	1,258
5 TANK	N	05/15/95	100%	N	2,234	MACRS DDB	C	7	1,536	0	1.99
6 FENCE	И	08/04/95	100%	И	480	MACRS DDB	C	7	330	0	4.3
7 2000 GAL TAN	И	08/09/95	100%	N	9,146	MACRS DDB	С	7	6,290	0	816
8 EQUIP	N	06/01/96	100%	N	207	MACRS DDB	С	7	117	0	26
rior Year Totals									20,010	0	
irrent Year Totals					36,583				•	0	2,400

1998 - 1999 TAX SUMMARY

Company: COMMUNITY WATER CO-OP INC

EIN: 59-3247034

Page 1

INCOME	1999	1998	DIFFERENCE
Gross receipts or sales Less returns and allowances Balance Cost of goods sold Gross profit Dividends Interest Gross rents Gross royalties Capital gain net income Net Form 4797 gain/(loss) Other income TOTAL INCOME	0. 0. 0. 0. 0. 0. 861. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 1,394. 0. 0. 0. 0. 0. 1,394.	0. 0. 0. 0. 0. 0. -533. 0. 0. 0. 0.
Compensation of officers Salaries and wages Repairs and maintenance Bad debts Rents Taxes and licenses Interest Charitable contributions Depreciation Depletion Advertising Penslon, profit-sharing, etc., plans Employee benefit programs Other deductions TOTAL DEDUCTIONS	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
		0.	0.
Taxable income before net operating loss	861.	1,394.	-533.
	0.	0.	0.
	100.	100.	0.
	761.	1,294.	-533.

1998 - 1999 TAX SUMMARY

Company: COMMUNITY WATER CO-OP INC

EIN: 59-3247034

Page 2

TAVES AND OBEDITS	1999	1998	DIFFERENCE
TAXES AND CREDITS	נפנו	1990	DITT ETTENOL
Schedule J Income tax	228. 0. 0. 0.	388. 0. 0. 0.	-160. 0. 0.
Foreign tax credit	0. 0. 0.	0. 0. 0.	0. 0. 0.
General business credit	0. 0. 228.	0. 0. 388.	0. 0. -160.
PAYMENTS			
Prior year overpayment credited Estimated tax payments Less current year refund applled for on Form 4466 Tax deposited with Form 7004 Credit for tax paid on unditributed capital gains Federal tax on fuels credit Backup withholding TOTAL PAYMENTS	0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0.
AMOUNT DUE Estimated tax penalty	0. 228.	0.	0.
REFUND Overpayment less estimated tax penalty Amount credited to next year REFUND due	0. 0. 0.	0.	0.
ESTIMATED TAX			
First Installment	0. 0. 0.	0. 0. 0.	0. 0. 0.
	ID: 000CWC		

8725000301003		Partnership Affiliated Group	rs as of January 1, 200 anges Amended Ret Name COMMUN Address PO Bo Address	00 urn Bank/S&L ITY WATER (DR-601C R. 01/00
				DOR Use	Only /	/ /
593247034 00000000 0 5 00	0 0 0 0 0	0 0 0 0		0 0 0		
 Loans and Notes Re Bonds (From Sched) Stocks, Mutuals, Money As Agent for Stockho Total Intangible Asse Tax Due (From Tax Commons) Credits (From Tax Commons) Total Tax Due (Subtration) Discount (Jan. or Fedday of the discount part of the discount pa	e (From Accounts Receivable receivable (From Schedule B, Lule C, Line 18)	ine 17) Interests, and Beneficial Interests, and Beneficial Interests (20). Do not enter negation. 5A or 15B) If Line 7 is leading (2%; May - 1%; June - 0). 2%; May - 1%; June - 0. not extended when ended when ended (2%). The total due cannot (2%). The total due cannot (2%).	terest in Any Trust (From Sch ive value) ess than \$60, no paymer 0%; if postmarked on or ding on a Saturday, Sur be a negative number.	nedule D, Line 19)		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
Under penalties of perjury, I de	clare that I have examined this retu s based on all information of which	ern, accompanying schedules	s and statements, and it is tru	ie, correct, and complete	. If prepared by a per	son other than
Signature of Officer Signature of Individual or Firm			2) 625-1085 hone No.		TAS	
H&R.	Block 19	Klinger	Not Datach	02/18/00	43-1632	899
Return and Payment mu Enter correct name, addre	000 Florida Intangible st be postmarked no later the ass, and FEIN below, if not provided WATER CO-OP INTERMEDIATE TO THE RESERVENCE TO THE RESERVEN	nan June 30, 2000 to ave-addressed: FEIN	Not Detach void Penaity and Intere 59-3247034 Check here if you transmitted for the selectronically	Make Ci	NTF 23555A heck Payable and DEPARTMENT OF 0 W TENNESSER	FREVENUE
Address City/State/Zip SILVE	R SPRINGS, FL	34489 □◀0	Check here if you do <u>not</u> wan	TALLA	HASSEE FL 3239	
593247034 00000000 0 5	0 0 0 0 0	0 0	Department to send you a for	O O O		

59-3247034

TASC NTF9

DR-601C

R. 01/00

Important Information Required

Page 2

If this is your first time filing an Intangible Tax Return, please complete the following: Month Date of incorporation..... Day Year 1999 Date you began business in Florida Example: 06 10 If your filing status has changed, please enter the previous Filing Status FEIN, the new FEIN, and the new filing status: Fiduciary Final Return Affiliated Group of Corporations Information Return Only (Must Submit List, See Page 10) (Filed Under Previous FEIN **New FEIN** Partnership SSN Corporation Trustee If your name/ mailing address has changed or is incorrect, please complete the following: Name of Taxpayer(s) Attention or In Care of New Address City/State/ZIP Telephone Number Signature Accounts Receivable Worksheet Total Accounts Receivable Result Accounts Receivable Enter result on Schedule A, Line 1. X.3333 =Fiduciaries, Corporations, Partnerships, Tax Calculation Worksheet B. Charitable Trusts & Affiliated Groups Enter Amount from Line 6 A. B. Tax Rate .0015 15. Tax Due (Enter on Schedule A, Line 7) 15A 15B Tax Credit Worksheet (see Instructions) Intangible Tax Paid to Another State (see Instructions) Identify State: A. В. Cleanup of Contaminated Dry-Cleaning Sites (if credit not taken on F-1120 or F-1120A) В. Total Credit (Line A plus Line B). Enter on Schedule A, Line 8 16. 16. Information Notices (If none of the boxes below are applicable, disregard this section.) Check the appropriate box below: (see Information Notices In the Instructions) We hereby certify this corporation is not required to file a notice of stock value because its shares are regularly listed on a public exchange or traded over the counter. We hereby certify this corporation's Florida stockholders were notified of the just value per share on or before April 1, for all of its shares that are not publicly traded or are restricted. A copy of the value notice is included with this return. We hereby certify this corporation elects to pay the intangible tax as agent for its Florida stockholders and certify all Florida 3. stockholders were notified of this election on or before April 1. A copy of the notice is included with this return. The corporation has included the value of its shares held by Florida residents on this tax return. We hereby certify this corporation has no Florida stockholders. Note: If checking box 2 or 3, and your company's stock is not regularly traded on the open market, make sure that the value reported for the company's shares is a reasonable market value. Book value alone is generally NOT a good estimate for market value. Neither foreign currency nor funds drawn on other than U.S. banks will be accepted. State law requires a service fee for returned checks or drafts of \$15.00 or 5% of the face amount, whichever is greater, not to exceed \$150.00 [s.215.34(2),F.S.]. Do you want a personalized package? (front of coupon) Many taxpayers and preparers prefer to use Department approved software to Note: Even if you check the box on the front of this coupon that you generate returns. Use of computer generated forms is high, therefore, the Department is asking, Do you want a forms package malled to you? do not want a package, you still may receive one last package in the year 2001 as we capture and phase in your request.

REDACTED

COMMUNITY WATER CO-OP INC. STMT OF FINAN. POSITION DECEMBER 31, 1999

		ASSET	r'S		
112 113	CURRENT ASSETS: AM-SOUTH # AMSOUTH - CD	\$	13,406.35 21,802.49		
	TOTAL CURRENT ASSETS:		\$	35,208.84	
210 260 280	FIXED ASSETS LAND/ROAD IMPROVEMENTS MACHINERY & EQUIPMENT ACCUMULATED DEPRECIATION		20,000.00 16,583.43 (6,658.00)		
	TOTAL FIXED ASSETS			29,925.43	
	TOTAL ASSETS		-	\$	65,134.27
430 435 436	CURRENT LIABILITIES: PAYROLL TAXES PAYABLE STATE UNEMPLOYMENT DUE FEDERAL UNEMPLOYMENT DUE	TIES \$	& CAPITAL 49.72 1.06 22.25		-
430	TOTAL CURRENT LIABILITIE	 ES:	\$	73.03	
520 531 570			58,712.51 (5,000.00) 11,348.73		
	TOTAL CAPITAL			65,061.24	
	TOTAL LIABILITIES & CAP	ITAL		\$	65,134.27

	AMSOUTH		CORRECTED (i	f checked)		
Recipient's identification number 593247034 PAYEN'S Federal identification number 63-0935103 Recipient's name, street address, city, state, and ZIP code COMMUNITY WATER CO OP INC PO BOX 1107	AMSOUTH BANK P.O. BOX 413 BIRMINGHAM	150,906 AL 35201-0413	7 Foreign country or U.S. possession 5 Investment expenses	ls being furnished Revenue Service. If to file a return, a or other sanction m you if this income i IRS determines that	to the Internal you are required negligence penalty ay be imposed on s taxable and the	Statement for Recipients of Interest Income Copy 8 - For Recipient 1999 Form 1099-INT
593247034 PAYEN'S Federal identification number 3 Interest on U.S. Savings Bonds and Treas, obligations Recipient's name, street address, city, state, and ZIP code COMMUNITY WATER CO OP INC PO BOX 1107		Foreign tax paid	shown at left.	not included	2 Early Withdrawal Penalty	4 Federal income tax withheld
AYER'S Faderal identification number 3 Interest on U.S. Savings Bonds and Treas, obligations Recipient's name, street address, city, state, and ZIP code COMMUNITY WATER CO OP INC PO BOX 1107	593247034				9	
COMMUNITY WATER CO OP INC PO BOX 1107		Interest on U.S. Savings Bonds and Treas, obligations				
	COMMUNITY WATER C	DP INC				
\ \text{\tin}\text{\te}\tint{\text{\tin}}\text{\texi}\tint{\text{\tin}\tint{\ti}\text{\text{\texi}\text{\text{\text{\text{\text{\text{\ti	halladaddaddaddada	dlladadladaddad	TOTALC			

Form 1099-INT J3037 R642881

(Keep for your records.)

Department of the Treasury - Internal Revenue Service

REDACTED

U.S. Income Tax Return CT OMP 10. 1545-0127 for Homeowners Associa

Department of the Treasury Internal Revenue Service

Name

Use

For calendar year 1998 or tax year beginning

► For Paperwork Reduction Act Notice, se

	Instructions	* 1	1998
, 1998, and e			, 19
	Employer Identifica		
	Date association form		7031
	12	/19	/91
Amended re			7.5.1
	dential real estate association	on	Timeshare association
		В	27,894.
•	ns)	С	25,318.
		D	25,318. 25,450.
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npt function i			
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		3	1,354.
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		8	1,394.
s income, ex	cluding exempt function	n inco	me)
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		12	
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		17	1,394.
8			
		18	\$100.00
ents		140	1 004
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		21	
ain credits .	• • • • • • • • • • • • • • • • • •	22	388.
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23d			
39) 23e			
23f			
		23g	
od of tax pa	vment .	24	388.
un pa		25	300.
•••••		26	<u> </u>
n including	Refunded ▶		d statements, and to the
Declaration o	f preparer (other than t	axpaye	d statements, and to the er) is based on all
	SECRET	ARY	-TREASURER
ate	Title		
ato.		Dron	arore cocial cocurity no

IRS label	,	OMMUNITY WATER	CO-OP INC			59	-324	7034		
Othe		mber, street, and room or suit	e no. (If a P.O. box, see page 4.)		Date ass	ociation fo	rmed			
wlse		O BOX 1107								
pleas print		y or town, state, and ZIP code	!							
type.		ILVER SPRINGS,	FL 34489			1	2/19/91			
Check) Final return (2)	Change of address (3)	Amended retu	urn					
A	Check ty	pe of homeowners association:	Condominium management associ	ation X Reside	ential real e	state associa	ıtion	Timeshare association		
	Total ex	empt function income. Must m	neet 60% gross income test (see in					27,894.		
			described in 90% expenditure tes					25,318.		
			e tax year (see instructions)					25,450.		
			ed during the tax year							
			Gross Income (excluding e				· _ =			
1 1	Dividen	ds					. 1			
								1,394.		
_										
							·			
		•	lule D (Form 1120))							
	-	=	rt II, line 18 (attach Form 4797)							
			tion income) (attach schedule)							
			ction income). Add lines 1 through					1,394.		
	<u></u>		y connected to the production of g							
9 9	Salaries		• • • • • • • • • • • • • • • • • • • •					110)		

							<u> </u>			
			1 15							
		= -	tion of \$100. Subtract line 16 from					1,394.		
								\$100.00		
	-p-001110	ασαστοιτοι φισσι	Tax and Pay	ments				\$100.00		
19	Taxable	Income. Subtract line 18 from	i line 17				19	1,294.		
			ciations, enter 32% of line 19.)					388.		
								300.		
			. See instructions for recapture of					388.		
		its: a 1997 overpayment	. Goo moduduona for recupiare or	contain ordans				300.		
-• .		credited to 1998	23a							
		b 1998 est, tax payments	- *****	Total ▶ 23c	***************					
		• •	1 7004		·		-			
			distributed capital gains (attach For	<u> </u>	·		-			
			fuels (attach Form 4136)	· -			-			
			3f				- 324			
24 1	Tay due	-	2. See instructions for depository n					388.		
								300.		
		nount of line 25 you want: Cred	1e 23g					<u> </u>		
				aturn including a		funded >	26	d atataments, and to the		
Plea		best of my knowledge and be	lectare that I have examined this re blief, it is true, correct, and complete has any knowledge.	te. Declaration of	preparer	other than	taxpaye	er) is based on all		
Sign	1	innormation of which preparer	паз апу кложіедде.	ſ				-TREASURER		
Here	•	Signature of officer		Date		Title	IAKI	- IREASURER		
		'			 '		D	arada agaist agaiste		
Paid		Preparer's signature	Klinger	Date 03/10/99		k if self-	Prepa	arer's social security no.		
	arer's	7 77	&R BLOCK	1 02/10/9:	empi	oyed ►	1	3-1633900		
	only	TINITIS HATTE (OF YOURS	S40 LAKE WEIR AVE			EIN ►		3-4632899		
J36 (Unity		CALA, FL			ZIP ∞de		<i>11</i> 77		
CAA	8 11	20H1 NTF 18846	כטהטי ג'ז				3.	4471 Form 1120–H (1998)		
		The state of the s						COURT LANGE (1998)		

Supplemental Schedules - 1998 Company: COMMUNITY WATER CO-OP INC

Page: 1 EIN: 59-3247034

Form 1	120-Н -	Deductions,	Line	15
Other	Deduction	ons		

Description	Amount
COST OF MATERIALS AND SUPPLIES WATER TESTING DRILLING AND SURVEYING DUES AND SUBSCRIPTIONS INSURANCE OFFICE EXPENSE ACCOUNTING RENTAL FEES CHEMICALS MEETING EXPENSE SALARIES REPAIRS AND MAINTENANCE UTILITIES PAYROLL TAXES SUTA FUTA INTEREST TRAVEL TANGIBLE TAX AND FILING FEES DEPRECIATION	2,264. 2,600. 2,679. 101. 571. 116. 615. 140. 305. 41. 4,114. 4,181. 2,328. 315. 2. 34. 847. 385. 286. 3,394.
TOTAL	25,318.

Supplemental Schedules Company: COMMUNITY WATER CO-OP INC

Form 4562 Asset Listing, Form 1120-H Line 14 - Acq. Pct. Inv Cost Depr Conv Est Prior Sec T Date Used Cr. Basis Method Life Depr. 179 ----- Asset -----1998 Depr # Description N 09/20/89 100% N 1,600 MACRS DDB C 7 1,600 0 0
N 06/05/91 100% N 1,816 MACRS DDB C 7 1,419 0 397
N 04/13/93 100% N 1,100 MACRS DDB C 7 814 0 82
N 08/02/94 100% N 20,000 150 DB C 15 6,028 0 1,397
N 05/15/95 100% N 2,234 MACRS DDB C 7 1,257 0 279
N 08/04/95 100% N 480 MACRS DDB C 7 270 0 60
N 08/09/95 100% N 9,146 MACRS DDB C 7 5,147 0 1,143
N 06/01/96 100% N 207 MACRS DDB C 7 81 0 36 1 COMPRESSOR 2 3 HP SUBPUM 3 525 GAL TANK 4 WATER LINE 5 TANK 6 FENCE N 08/09/95 100% N N 06/01/96 100% N 7 2000 GAL TAN 8 EQUIP 16,616 0 Prior Year Totals 3,394 Current Year Totals 36,583 0

1998

EIN: 59-3247034

	· · · · · · · · · · · · · · · · · · ·		ne/Francinse a	and Emerge	ency Ex	ccise rax F	R. 01/99 Page 1
For calendar y	ear 1998 or tax yr. begir			, 1998 en	d		, 19
FEIN	59-32470					Corporate but	siness address
Name	COMMUNITY	WATER CO	O-OP INC			(if different fro	om mailing address)
Address	PO BOX 11	07		DE		CTE	
				LAL	. <i>Ur</i>		
						E-mail addres	ce
City/State/Zip	SILVER SP	PINGS FI	L 34489			,	
City/State/Zip	OTHVER OF	KINGS, FI	1 24409			1	e 1st Day of the 4th Month
							of the Taxable Year
	inis Heturn is i	Deemea Inco	mplete Unless a	Copy of the I	-ederal	<u>Return is Att</u>	ached.
	Computa	tion of Flo	rida Net Incon	ne and Eme	ergency	/ Excise Ta	ix x
1. Federal	I taxable income (see ins	structions). Attach	pages 1-4 of Federa	al Return		1.	1,294.
	come taxes deducted in					2.	
	ns to federal taxable inco					3.	
·	Lines 1 through 3	onno (montro como d	<u> </u>				1,294.
·		(a. i	N-6			4.	1,294.
	ctions from federal taxab		schedule II)			5.	
	d federal income (Line 4		 			6.	1,294.
7. Florida	portion of adjusted fede	ral income (see in	nstructions)			7.	1,294.
8. Add no	nbusiness income alloca	ated to Florida (se	e instructions)			8.	0.
9. Less Flo	orida Exemption					9.	1,294.
10. Florida	net income (Line 7 plus	Line 8 minus Line	9)			10.	
11. Tax due	e: 5.5% of Line 10 or amo	ount from Line 11	. Schedule VI. whiche	ver is greater (see	instruction	(s) 11.	
	against the tax from Line		<u>,</u>	3.3.1.1 (0.00		12.	
	ency excise tax due (from		e 20)				
	come/franchise and eme			<u> </u>		13.	
Bonaltur	Oth-	ergency excise ta		Oth-		14.	
	er		Interest: F-2220	er		Total ► 15.	
	Lines 14 and 15		T4-45			16.	
17. Payment	credits: Estimated tax pymts		Tentative tax payment	\$		Total ► 17.	
18. Totalamo							
10. Idiaiamo	ount due or overpayment (see	instructions)	Check here if you tran	smitted funds elec	tronically	18.	
	ount due or overpayment (see ount of overpayment credited					18. efunded 19(b) \$	
19. Enteram	ount of overpayment credited	to next year's estim	ated tax 19(a)	3	or r	efunded 19(b) \$	of limitations period will not
19. Enteram A return that is	ount of overpayment credited not signed, or improper eturn is properly signed a	to next year's estim ly signed and ver and verified. This	ated tax 19(a) \$ ified, will be subject to return must be completed.	the failure to file reted in its entirety.	or return pena	efunded 19(b) \$	of limitations period will not
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Check here if you transmitted funds electronically.

CITY/STATE/ZIP SILVER SPRINGS, FL

PLEASE ATTACH CHECK HERE

34489

.01/99

NAME COMMIDITY WATER CO-OP FEIN 59-3247034

TAYARIEYEAR ENDING 12/31/98

	NAME COMMUNITY WATER CO-OP FEIN 59-3247034	TAXABLE YEAR ENDING	12/31/98
	Schedule A — Computation of Emergency Excis	e Tax	
1.	Total depreciation expense deducted on Federal 1120	1.	
2.	Florida portion of adjusted Federal Income from Page 1, Line 7 of F-1120 or Line 7, Schedule VI (see	instructions) 2.	1,294.
3.	If Line 2 shows a gain, enter 0. If Line 2 shows a loss or zero, enter loss carry forward from Line 3, Sc	hedule II,	
	or Line 4, Schedule IV, of F-1120	3.	0.
4.	Subtract Line 3 from Line 2 and enter here. NOTE: If a loss carry forward shown on Line 3 exceeds a	loss on Line 2,	
	enter positive difference of the loss amounts shown	4.	1,294.
5.	Enter all depreciation federally deducted pursuant to § 168 of the I.R.C. for assets placed in service 1/	1/81 to 1/1/87 5.	
6.	Enter all straight line depreciation federally deducted pursuant to § 168(b)(3) of the Internal Revenue C	ode and 60%	
	of amounts of depreciation previously taxed on Schedule VI (for assets placed in service 1/1/81 to 1/1	/87) 6.	
7.	Enter all depreciation deducted pursuant to I.R.C. § 168 that is directly related to any amount shown as nonbusiness inco	ne7.	
8.	Subtract the sum of Line 6 and 7 from the amount on Line 5 and enter result here	8.	
9.	Enter 40% of Line 8	9.	
10.	Enter Florida apportionment factor shown in Schedule IIIA or IIID of F-1120. Taxpayers that are 100%	in Florida	
	enter 1.0	10.	1.0
11.	Multiply Line 9 by Line 10 and enter here	11.	
12.	Enter the product of depreciation federally deducted pursuant to Internal Revenue Code § 168 [except	pursuant	
	to §168(b)(3)] used in computing nonbusiness income allocated to Florida times .4	12.	
13.	Enter the sum of Lines 11 and 12	13.	
14.	Enter loss shown on Line 4. NOTE: If Line 4 does not show a loss, enter 0	14.	0.
15.	Enter portion of exemption provided in §220.14, F.S., not used for Chapter 220 purposes, if any. If nor	ne, enter 0 15.	0.
16.	Reduce Line 13 by the sum of the amounts on Lines 14 and 15, if any, and enter here	16.	
17.	Multiply Line 16 by 2.5 (not 2.5%) and enter here. NOTE: If Line 16 shows a loss, enter 0	17.	0.
18.	Total tax due (2.2% of Line 17)	18.	
19.	Emergency excise tax cr.: Emergency excise tax credit carryover:	attach sch.) ► 19.	
20.	Balance of tax due (enter on Line 13, Page 1)	20.	
	All Taxpayers Are Required to Answer Questions A Through P Below	See Instructions	
В. ғ	Florida Secretary of State Document Number: If yes, attach schedule ic	subchapter S subsidiary for tax lentifying S corporation parent &	
		orida partnership or joint ventu	vez VES NO X

В.	State of Incorporation: Florida Florida Secretary of State Document Number: Florida Consolidated Return? YES NO X Initial Return Final Return (final federal return filed)	ί.	Corporation is qualified subchapter S subsidiary for tax year? Yes No X If yes, attach schedule identifying S corporation parent & effective date of election. Location of corporate books:
E.	Taxpayer election § 220.03(5), F.S. General Rule Election A Election B	J.	Taxpayer is member of Florida partnership or joint venture? YES NO
F.	North American Industrial Classification System (NAICS) code (as pertains to Florida)	K.	Show date of Latest IRS audit: Years examined:
	if known:	L.	Intangible Tax Notice: Just Value Per Share: \$
	What buisness activity does your organization primarily conduct?	M.	Contact person & telephone for questions concerning this return:
G.	A Florida extension of time was timely filed? YES NO If yes, attach copy		H&R BLOCK (352)732-2447
	of Florida Form F-7004.	For Q	uestion N, O and P, please refer to "Who Must File" instructions.
Н.	Corporation is a member of a controlled group? YES NO 🗵 If yes, attach list.	N.	Taxpayer files federal Form 1120H? YES 🔯 NO 🔲 If yes, attach copy.
	Parent Corp.: FEIN:	Ο.	Corporation elected to be taxed under Subchapter S, I.R.C. for this tax year?
	Part of a federal consolidated return? YES NO		YES NO If yes, attach copy of federal Form 1120S.
	The federal common parent has sales, property or payroll in Florida? YES 📗 NO 📗	Ρ.	Taxpayer is exempt from federal income tax under I.R.C. Section 501(a)?
			YES NO If yes, attach a copy of "determination letter."

NAME COMMUNITY	WATER CO-OP I	NC FEIN S	59-324	7034		Т.	AXABLE Y	EAR ENDIN	IG 12/	31/98 Page 3
Schedule I Addition		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		THE PERSON NAMED IN COLUMN	ome			(a) rpage 1		(b) or Schedule VI, AMT
Consolidated income adj			756.676000000000000000000000000000000000		<u> </u>	1.		rpage		or Schedule VI, AWI
						2.				
2. Long term contract adjus						۷,	 			
3. Depreciation adjustment	` ' ' '	•								
	deral Form 4562) (see instr		 ,		_	3.				
4. Total interest excluded from		`	ons)			4.				
Undistributed net long-te						5.				
6. Net operating loss, net ca	ipital loss, and excess cha	ritable and er	nployee be	nefit plan						
contribution carryovers de	educted in computing fede	eral taxable in	come (atta	ch schedu	le)	6.				
7. Wages and salaries allow	able as enterprise zone jo	bs credit (For	n F-11572	<u>Z)</u>		7.				
8. Ad valorem taxes allowab	ole as enterprise zone prop	erty tax credi	(Form F-11	58Z &/or For	- m F-11	58) 8.				
9. Guaranty association ass	essment(s) credit					9.				
10. Other additions (attach st	atement)					10.				
11. Total of Lines 1 through 1		e 3. Page 1: enti	r Col. (b) he	e & on Line S		/II 11.				
								(a)		(b)
Schedule II Subtra		Taxable l	ncome				For	page 1	Fo	r Schedule VI, AMT
1. Enter §78 I.R.C. income s	\$	plus §862 I.R	.C divs.\$_						-	
less direct and indirect ex	rpenses \$				Tota	ai ► 1.	<u> </u>			
2. Enter #951 I.R.C. subpart Find	s. \$	less dir. & \$			Tota	ı ▶ 2.				
	ousiness both within and w		enter zero	on Lines	3. 4 ar	nd 5 and	complete	Line 4 of S	ch. IV.	
3. Florida net operating loss					<u> </u>	3.				
4. Florida net capital loss ca						4.			 	·
5. Florida excess charitable			rniovor (o	oo inetruet	ions\	5,				
		Ottu Dution C	arryover (S	ee msuuci	0115)					
6. Nonbusiness income (from						6.	ļ			
7. Eligible net income of an		y (see instruc	tions)	· · · · · · · · · · · · · · · · · · ·		7.				
8. Other subtractions (attach						8.				
9. Total subtractions [enter C				ine 5, Sched	ule VI]	9.				
Schedule III Appor	tionment of Adjuste	d Federal	Income							
Schedule III Appor FORM F-1120	lionment of Adjuste			& without	FL, ex	xcept th	ose provi	ding insura	ınce/tran	sportation services.
	· · · · · · · · · · · · · · · · · · ·				FL, e	xcept th (b)	ose provi	ding insura		sportation services.
	· · · · · · · · · · · · · · · · · · ·	ers doing bu	sn. within			(p)	ose provi	(c))	
	III-A For use by taxpay	ers doing bu	sn. within (a)			(p)		(c)	Col. (b)	(d) FLORIDA Factors
	III-A For use by taxpay NOTE: If any factor in Co is zero, see instructi	ers doing bu blumn (b) ons	sn. within (a)			(p)		(c) Col. (a) ÷	Col. (b) Decimals	(d) FLORIDA Factors Rounded to 6 Decimals
	NOTE: If any factor in Cois zero, see instruction. Average value of proper	ers doing bu blumn (b) ons	sn. within (a)			(p)		(c) Col. (a) ÷	Col. (b) Decimals	(d) FLORIDA Factors Rounded to 6 Decimals
	NOTE: If any factor in Cois zero, see instructions. Average value of property. Payroll	ers doing bu	sn. within (a)			(p)		(c) Col. (a) ÷	Col. (b) Decimals	(d) FLORIDA Factors Rounded to 6 Decimals 25%=
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FORM F-1120 III-B For use in computing property. (Use origina 1. inventories of raw material, wo. 2. Buildings and other depre 3. Land owned 4. Other tangible and intangible (for attach schedule) 5. Total (Lines 1 through 4) 6. Average value of property (add divide by 2 (for Within Florida a) 7. Rented property (8 times i) 8. Total (Lines 6 & 7). Enter of III-C Sales Factor 1. Sales (gross receipts 2. Sales delivered or sh 3. Other gross receipts 4. TOTAL SALES	NOTE: If any factor in Cois zero, see instruction. 1. Average value of proper 2. Payroll 3. Sales (Schedule III-C to 4. Apportionment fraction average value of 1 cost) 1. Apportionment fraction average value of 1 cost) 2. Apportionment fraction average value of 1 cost) 3. Sales (Schedule III-C to 4. Apportionment fraction average value of 1 cost) 4. Apportionment fraction average value of 1 cost) 5. Apportionment fraction average value of 1 cost) 6. Apportionment fraction average value of 1 cost) 7. Apportionment fraction average value of 1 cost) 8. Apportionment fraction average value of 1 cost) 8. Apportionment fraction average value of 1 cost) 9. Apportionment fraction average value of 1 cost) 9. Apportionment fraction average value of 1 cost) 1. Apportionment fraction average value of 1 cost) 2. Apportionment fraction average value of 1 cost) 3. Apportionment fraction average value of 1 cost) 4. Apportionment fraction average value of 1 cost) 5. Apportionment fraction average value of 1 cost) 6. Apportionment fraction average value of 1 cost) 6. Apportionment fraction average value of 1 cost) 7. Apportionment fraction average value of 1 cost) 8. Apportionment fraction a	ers doing bu slumn (b) ons erty Selow) [Sum of Line a. Beginnin and (b) nn (a) and (b)	sn. within (a) WITHIN FI s 1, 2, and WITHIN g of year icable)	3, Column FLORIDA b. Er	TOTA n(d)]. E nd of y Florid 1. 2. 3. 4.	(b) AL EVER Enter her ear da WITI (C	YWHERE Te & on Lir a. Begin TOTAL HIN FLORI Dmit cents)	(c) Col. (a) ÷ Rounded to 6 e 2, Sched TOTAL ning of yea Ave	Col. (b) Col. (b) Col. (b) Col. (c) Col	(d) FLORIDA Factors Rounded to 6 Decimals 25%= 25%= 30%= WHERE b. End of year crywhere TOTAL VERYWHERE
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			TAASCNTF
FL F-1120 R. 01/99			Page 4
NAME COMMUNITY WATER CO-OP FEIN 59-3247034		TAXABLE YEAR E	NDING 12/31/98
Schedule IV — Computation of Florida Portion of Adjusted Federal I	ncome	(a)	(b)
	A FEDE	(a) DJUSTED RAL INCOME	(b) ADJUSTED AMT INCOME
1. Apportionable adjusted federal income from Line 6, Page 1 [or Line 6, Schedule VI for AMT in Col. (b)]	1.	1,294.	1.
2. Florida apportionment fraction [Line 4, Schedule III-A or Column (c), Schedule III-D]	2.		2.
3. Tentative apportionment adjusted federal income (multiply Line 1 by Line 2)	3.	1,294.	3.
4. Deduct net operating loss or other carryover apportioned to Florida (attach statement; see instructions)	4.		4.
5. Adjusted Federal Income apportioned to Florida (Line 3 less Line 4, see instructions)	5.	1,294.	5.
Schedule V — Credits Against The Corporate Income/Franchise Tax			
Intangible tax credit (Banks/Savings Associations only, see instructions)	1.		
2. Florida Life and Health Insurance Guaranty Association (FLHIGA) assessment credit			2.
3. Gasohol development tax incentive credit (from Form F-1156 attached)			3.
4. Florida health maintenance organization credit			4.
5. Capital investment credit			5.
6. Enterprise zone jobs credit (from Form F-1157Z attached)			6.
7. Community contribution tax credit			7.
8. Enterprise zone property tax credit (from Form F-1158Z and/or Form F-1158 attached)			8.
9. Rural Job Tax Credit			9.
10. Urban High Crime Area Job Tax Credit			10.
11. Emergency excise tax credit (see instructions and attach schedule)			11.
12. Hazardous waste facilities credit			12.
13. Credit for Florida alternative minimum tax			13.
14. Export finance corporation investment credit	14.		
15. Contaminated site rehabilitation tax credit			15.
16. Child care tax credit			16.
17. Credit Carryover from Recomputed Prior Tax Liabilities			17.
18. Other credits (attach schedule)	•		18.
19. Total credits against tax (sum of Lines 1-18 not to exceed amount on Line 11, pg.1 of F-1120). Enter to	otal credits on !	Line 12, pg.1 of F-1120	19.
Schedule VI - Computation of Florida Alternative Minimum Tax (AM			
1. Federal alternative minimum taxable income after exemption (attach Federal Form 4626			1.
2. State income taxes deducted in computing federal taxable income (attach schedule)	/		2.
Additions to federal taxable income (from Schedule I, column b)	-		3.
4. Total of Lines 1 through 3			4.
5. Subtractions from federal taxable income (from Schedule II, column b)			5.
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)			6.
7. Florida portion of adjusted federal income (see instructions)			7.
8. Add nonbusiness income allocated to Florida (see instructions)		·	8.
9. Less Florida exemption			9.
10. Florida net income (Line 7 plus Line 8 minus Line 9)			10.
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Line 11, Page	 e 1		11.
Attach an additional schedule if necessary.	- ·		1
Schedule R — Nonbusiness Income			
R-1 Nonbusiness Income (Loss) Allocated to Florida			
Type			Amount
		¢	
		Ψ	

R-1	Nonbusiness Income (Loss) Allocate <u>Type</u>	d to Florida	Amo	<u>unt</u>
			\$	
Line 1.	Total allocated to Florida. (Enter here and on Line 8, Page 1, F-1120 or Sci	nedule VI. Line 8 for AMT)	1.\$	
R-2	Nonbusiness Income (Loss) Allocate		Amo	unt
			\$	
Line 2.	Total allocated elsewhere.		2.\$	<u> </u>
R-3	Total Nonbusiness Income			
Line 3. 8 FL11	Grand Total. Total of lines 1 and 2. (Enter here ar 1204 NTF 10636	d on Line 6, Schedule II)	3. \$	



1999 Florida Intangible Tax Return for Corporation, Partnership, and Fiduciary Filers as of January 1, 1999 NTF TAASC DR-601C R. 01/99

		(FEIN) 59-3	247034 es Amended	Return	Name COM Address PO			R CO-01	PINC
		_	Corporatio		Address				
		_			City/State/Zip	SILVE	R SPRIN	IGS, FI	34489
						DOR use on		/	/
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	0		0		8623	00030	1993015	035932	2470343
4	Accounts Receivable (From Accounts Rec	eivable Worksheet	line 14)		·			0.00
	Loans and Notes Rece								0.00
	Bonds (From Schedule	=	· · · · · · · · · · · · · · · · · · ·						0.00
	Stocks, Mutuals, Mone	· · · · · · · · · · · · · · · · · · ·							
	and Beneficial Interest	•	· ·						0.00
	As Agent for Stockhold	•		-					0.00
6.	Total Taxable Assets (1	Total of Lines 1 thro	ugh 5)						0.00
7.	Tax Due (From Tax Ca	lculation Workshee	t, Line 15) If Line 7 i	is less than \$6	60, no payment is	due			0.00
8.	Credits (From Tax Cre	dit Worksheet, Line	16)						0.00
9.	Total Tax Due (Subtrac	ct Line 8 from Line 7	7)						0.00
10.	Discount (Jan. or Feb.	4%; March 3	%; April 2%; May	y 1%; June	0%;				
	if postmarked on or be	•							0.00
	Penalty and Interest (S								0.00
	Voluntary Election Can								0.00
	Total Due: (Line 9 minu	•	· ·						0.00
	Less Amount Paid on I								0.00
13C. Under compli [ss.19	Total Due (Line 13a les penalties of perjury, I declete. If prepared by a person 9.232 (2); 92.525(2); & 837.0	ss Line 13b; U.S. Fu are that! have examine other than the taxpay 6, F.S.].	Inds only)d this return, accompan er, this declaration is ba	ying schedules a ased on all inform	and statements, and in ation of which the p	it is true, corr preparer has	ect, and any knowledge		O.OO Mark "X" here if you transmitted funds electronically
_ _	ment Coupon 19		acible Toy		Do Not Deta			NTF	DR-601C
	rn and Payment Must			30 1999 to A				1111	R. 01/99
Tota,	tir unu ruymont muot	De l'odinario l'	Luici mun ouno		2)625-108				
Signa	ature of Officer ature of Individual or Firm P	renaring the Return	Date	Teleph		Date	·	Branararie 9	SSN or FEIN
J		lock	11 K	inger			/10/99		4632899
Enter	correct name, addres		if not preprinted:	7					ble and Mail To:
Name	e COMMUNITY	WATER CO	-OP INC	59	9-3247034				ENT OF REVENUE
Addr	ess PO BOX 1	.107			FEIN	- 			NESSEE ST FL 32399-0140
Addr							8 FL601	_	16577A
City/	State/Zip_SILVEF	SPRINGS,	FL 34489)					
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WRIT BELO THI LIN	s 0		0		0			0	

TAASC NTF DR-601C R. 01/99

Important Information Required

Page 2

	f this is your first time filing an Intangible Tax Return	, please co	1			
	Date of incorporation			Month Day Y	ear 98	
	Date you began business in Florida I your filing status has changed, please enter the pro	ovious	Example:	06 10	Filing S	tatue
	EIN, the new FEIN, and the new filing status:	evious	(Must S	d Group of Cor Submit List, See	porations Page 10)	Final Return Information Return Only (Filed Under
	Previous FEIN New	FEIN	Partner X Corpor			SSN) Trustee
	f your name/address has changed, please complete					
	Name of Taxpayer(s)					
	New Address					
	City/State/Zip	0:				
	elephone Number	Signatu	re			
A	ccounts Receivable Worksheet		Total Accou	nts Receiva	ble	Result
14.	Accounts Receivable					
	Enter result on Schedule A, Line 1.		\$		x .6666 =	\$
Ta	x Calculation Worksheet	A. Corp	orations, Pships., filiated Groups, & Fiduciaries	Bank B. Savings	ing and Associations	C. Charitable Trusts
A.	Enter Amount from Line 6					
B.	Tax Rate	Х	.002	X .0015		X .001
15.	Tax Due (Enter on Schedule A, Line 7)	15 A .		15B.		15C.
	x Credit Worksheet (see Instructions, p	900000000000000000000000000000000000000				T
A.	Intangible Tax Paid to Another State (see Instruct	ions) iden	tity State:		A.	
В.	Bank and Savings Association Credit (1) 33% of Prior Year Intangible Tax		B.(1)			
	(2) Intangible Tax Credit Claimed Against Corp	orate Inco				-
	(3) Bank and Savings Association Credit [Line			e, enter zero]	B.(3)	1
C.	Cleanup of contaminated dry-cleaning sites (if cr				C.	
16.	Total Credit (Line A plus Line B(3) plus Line C. Er				16.	
	(If none of the boxe	s below		disregard		
	Check the appropriate box below:	(see In	formation Notice	es on page	9 of the Ins	structions)
	 We hereby certify this corporation is 	not requir	ed to file a notice of	stock value bed	ause its shares	are regularly listed
	on a public exchange or traded ove					
	 We hereby certify this corporation's for all of its shares that are not publi return; or 			175		
	3. We hereby certify this corporation el Florida stockholders were notified of The corporation has included the va	this electi	on on or before April	1. A copy of the	e notice is atta	ched to this return.
	4. We hereby certify this corporation is				ino lax relutii; 0	/I
	If checking box 2 or 3, and your company's st	-			. make sure the	at the value reported for
	the company's shares is a reasonable market					
	Neither foreign currence	y nor fund	s drawn on other tha	an U.S. banks v	vill be accepted	d.

 State law requires a service fee for returned checks or drafts of \$15.00 or 5% of the face amount, whichever is greater, not to exceed \$150.00 [s. 215.34(2), F.S.].

COMMUNITY WATER CO-OP, INC. BALANCE SHEET DECEMBER 31, 1998

ASSETS

CURRENT ASSETS 103 CASH IN BANK \$ 104 CASH IN BANK-AM SOUTH 119 AMSOUTH BANK-CERT OF DEP	8,490.82 10,652.79 21,802.49	
TOTAL CURRENT ASSETS	•	\$ 40,946.10
FIXED ASSETS 269 ROAD IMPROVEMENTS 273 EQUIPMENT & TOOLS 280 ACCUMULATED DEPRECIATION	20,000.00 16,583.43 (6,658.00)	
NET FIXED ASSETS		29,925.43
TOTAL ASSETS	-	70,871.53
CURRENT LIABILITIES 413 FUTA TAX PAYABLE \$ 425 NOTE PAYABLE—AM SOUTH 431 FICA TAX PAYABLE	32.92 3,382.37 252.91	
TOTAL CURRENT LIABILITIES		3,668.20
EQUITY 554 COMMON STOCK 558 RETAINED EARNINGS 597 Net Profit/(Loss)	59,971.01 7,232.32	
TOTAL EQUITY		67,203.33
TOTAL LIABILITIES AND EQUITY	5	70,871.53

Form 1120-H

U.S. Income Tax Return for Homeowners Associations

OMB No. 1545-0127

1997

Department of the Treasury Internal Revenue Service

► For Paperwork Reduction Act Notice, see Instructions

For c	alendar y	ear 1997 or tax year beginn	ing	, 1997,	and er	nding		, 19
Use	Nar	ne				Employer Identifica	tion nu	mber (see page 4)
IRS		OMMUNITY WATER	CO-OP INC					7034
Oth	2		uite no. (If a P.O. box, see page	(4.)		Date association for		
wis		O BOX 1107	(u	• • • • • • • • • • • • • • • • • • • •				
plea	ase	or town, state, and ZIP coo						
		ILVER SPRINGS,				1 7	2/19	/01
type	-			(0)	ded ret		12	/ 51
Chec								
A		e of homeowners association:	Condominium management a			ential real estate associati		Timeshare association
В		1.51	meet 60% gross income test (s				В	38,769.
c			es described in 90% expenditu				С	26,103.
D			the tax year (see instructions)				D	26,275.
E	Tax-exe	mpt interest received or acc	crued during the tax year				E	
			Gross Income (exclud					
1	Dividend	ds					1	
2	Taxable	interest					2	544.
3	Gross re	ents					3	
4	Gross ro	yalties					4	
5		5	edule D (Form 1120))				5	
6			Part II, line 18 (attach Form 479)					
7	-		nction income) (attach schedule				_	
8			unction income). Add lines 1 thr				8	544.
. 0	GIUSSI		ctly connected to the production					
_	0.1.							ne)
9		•					9	
10							10	
11							11	
12	Taxes a	nd licenses					12	
13	Interest						13	
14	Depreci	ation (attach Form 4562)	**********				14	
15	Other d	eductions (attach schedule)					15	
16	Total d	eductions. Add lines 9 throu	ugh 15				16	
17	Taxable	income before specific ded	luction of \$100. Subtract line 16	from line 8			17	544.
18	Specific	deduction of \$100	******************				18	\$100.00
				Payments		-		
19	Taxable	Income. Subtract line 18 fr	rom line 17				19	444.
20			sociations, enter 32% of line 19					133.
21		the party has be a produced a contract of the party of th					21	
22			20. See instructions for recaptu				22	133.
23		nts: a 1996 overpayment	20. See manucuons for recapit	ne on contain of	ouis .			
20	rayille	, ,	. 23a	100000000000000000000000000000000000000				
		credited to 1997			220		1	
		b 1997 est. tax paymer	· · · · · · · · · · · · · · · · · · ·	 1	23c		-	
			orm 7004	The second second second second	23d		-	
			undistributed capital gains (atta		23e		4	
		f Credit for Federal tax	on fuels (attach Form 4136)		23f		_	
		•	h 23f				23g	_
24	Tax du	e. Subtract line 23g from line	e 22. See instructions for depos	itory method of	f tax pa	yment	24	133.
25	Overpa	yment. Subtract line 22 fror	m line 23g				25	
26	Enter a	mount of line 25 you want: 0	Credited to 1998 estimated tax	>	_	Refunded ▶	26	
DI		Under penalties of perjury	I declare that I have examined belief, it is true, correct, and co arer has any knowledge.	this return, inc	luding	accompanying schedu	ules and	statements, and to the
	ease	information of which prepare	arer has any knowledge.	ompiete. Deciar	rauon o	preparer (other than	taxpaye	er) is based on all
Sig		1						-TREASURER
He	ere	Signature of officer		Date		Title		
		Preparer's		Date	_	Check if self-	Prepa	arer's social security no.
Pa	id	signature	an Kliman		28/9			
	eparer's		H&R BLOCK			EIN ▶	1	3-4632899
	e Only	(0.)		AVENUE		ZIP code I		3 1032077
บร	Only	if self-employed) and address	OCALA, FL	TATIAOL				1171 ·
CAA	7 1	120H1 NTF 13843	OCHIN, III				3	4471 H (4007)
CAA		11.1 10040						Form 1120-H (1997)

Page: 1

==========

Form 1120-H - Deductions, C Other Deductions

Other Deductions	
Description	Amount
COST OF MATERIALS AND SUPPLIES WATER TESTING LABOR COSTS DUES AND SUBSCRIPTIONS INSURANCE OFFICE EXPENSE ACCOUNTING RENTAL FEES INTEREST LICENSES AND TAXES SALARIES REPAIRS AND MAINTENANCE UTILLITES PAYROLL TAXES SUTA FUTA MISC EXPENSE TRAVEL DEPRECIATION	41. 6,465. 4,050. 101. 814. 381. 380. 113. 1,162. 637. 4,310. 513. 2,070. 453. 105. 40. 210. 305. 3,953.
TOTAL	26,103.

	ć	

City/State/Zip SILVER SPRINGS,

FL

34489

Do not write/print below this line

1998 Florida Intangible Tax Return for Corporation,

N	TF	TAA	120	CD	R-	60	1C
					R.	01/	98

	Partner (FEIN) 59-32	• •	uclary Filers as of Janua Name COM	YTINUM	WATER	CO-0E	P INC
	Address Changes			BOX 1	107		
	Filing Status						2.4.4.0.0
	Bank/Trust		City/State/Zip		SPRIN	IGS, FI	34489
				DOR use only			/
593247	034	0	0			0	
0		0	0			0	
0		0	0			0	
5		0	0			0	
00		0	0			0	
0		0	85280	000301	983015	035932	2470343
 Beneficial Interest in A Bonds (From Schedule) Stocks, Mutuals, Mone Interests (From Sched) As Agent for Stockhold Total Taxable Assets (Tax Due (From Tax Ca (Rates: .002 Corps) 	ny Trust	Limited Partnerships. E, Line 19. Do not on the second sec	enter negative value)				
•		•					
9. Total Tax Due (Subtra- 10. Discount (Jan. or Feb.			19/: lung 09/:				
			176, Julie 076,				
•			See Instructions)				
13. Total Due: (Line 9 min	us Line 10. plus Line	11 plus Line 12. En	nter here and on Line 13a below ying schedules & statements, & it is tr of which the preparer has any knowl	Λ		repared (2); & 837.06, F	F.S.].
Signature of Officer		Date	Telephone No.			" here if you lectronically	ı transmitted
Signature of Individual or	Firm Preparing the R	leturn		Date		4	SSN or FEIN
1AK	linaer	NER E	Block	02/	28/98	43-4	4632899
13a. Total Due From Line	n 1998 Florida at Must Be Post	a Intangible narked No Lat		to Avoid		NTF and Inter	DR-6 est R.0 0.00 0.00
							0.0
Enter correct name, addre							
59-32470				Make	Check Pay	yable and M	fail To:
	FEIN						1
Name COMMUNITY Address PO BOX 1		OP INC			A DEPART	NNESSEE S	ST
Audiess FO BOA 1					LAHASSEI		

OCR Line

Important Information Required

Page 2

Is this your first time filling an Intangible Tax Return?	No Yes If yes, con	nplete the following:	
Date of incorporation,	-	Day Year	
Date you began business in Florida	Example: 06	10 97	_,,
2. Has your filing status changed? Yes If yes, enter FEIN and check the correct box for your new filing status:		Fiduciary Affiliated Group	o of Corporations sist, See Page 6)
Previous FEIN New FEIN		Corporation Final Return Information Re (Filed Under SSN	•
3. If your name/address has changed, complete the following:			
Name of Taxpayer(s)			
New Address			
City/State/Zip			
	gnature		
Worksheets	(Comple	ete only one column	below)
Tax Calculation Worksheet	A. Corporations, Pships., Affiliated Groups, & Fiduciaries	Banking and Savings Associations	C. Charitable Trusts
A. Enter Amount from Line 6			
B. Tax Rate	X .002	X .0015	X .001
14. Tax Due (Enter on Schedule A, Line 7)	14A.	14B.	14C.
Tax Credit Worksheet			
A. Intangible Tax Paid to Another State (See Instructions) Ident	tify State	A.	
B. Bank and Savings Association Credit			
(1) 33% of Prior Year Intangible Tax	B(1)	
(2) Intangible Tax Credit Claimed Against Corporate Inco			
(3) Bank and Savings Association Credit (Line B(1) minus	s Line B(2). If negative, enter	zero) B.	
15. Total Credit (Line A plus Line B. Enter on Schedule A, Line	8)	15.	
(If none of the boxes below		,	
Check the appropriate box below: (see Inf We hereby certify this corporation is not require on a public exchange or traded over the count. We hereby certify this corporation's Florida sto for all of its shares which are not publicly tradered to the control of the control o	ed to file a notice of stock va ter; or ckholders were notified of th	lue because its shares are r	egularly listed
return; or 3. We hereby certify this corporation elects to pay Fiorida stockholders were notified of this election. The corporation has included the value of its section. 4. We hereby certify this corporation is claiming the checking box 2 or 3, and your company's stock is not the company's shares is a reasonable market value. Boo	on on or before April 1. A co hares held by Florida residenthe international banking exer regularly traded on the open	py of the notice is attached into on this tax return; or imption. market, make sure that the	to this return.

- Neither foreign currency nor funds drawn on other than U.S. banks will be accepted.
- State law requires a service fee for returned checks or drafts of \$15.00 or 5 percent
 of the face amount, whichever is greater, not to exceed \$150.00 [s. 215.34(2), F.S.].

COMMUNITY WATER CO-OP, INC BALANCE SHEET DECEMBER 31, 1997

ASSETS

101 119	CURRENT ASSETS Cash AMSOUTH BANK-CERT OF DEP INTR EARNINGS ON CD	\$ 25,371.39 15,583.80	
	TOTAL CURRENT ASSETS		\$ 40,955.19
269 273 280	FIXED ASSETS ROAD IMPROVEMENTS EQUIPMENT & TOOLS ACCUMULATED DEPRECIATION	 20,000.00 16,583.43 (6,658.00)	
	NET FIXED ASSETS		29,925.43
	TOTAL ASSETS		\$ 70,880.62

. .

COMMUNITY WATER CO-OP, INC BALANCE SHEET DECEMBER 31, 1997

LIABILITIES AND EQUITY

410 425 431	CURRENT LIABILITIES Payroll Tax Payable NOTE PAYABLE-AM SOUTH FICA TAX PAYABLE	\$ 41.60 10,543.13 324.88	
	TOTAL CURRENT LIABILITIES		\$ 10,909.61
554 558 597		43,627.41 16,343.60	
	TOTAL EQUITY		59,971.01
	TOTAL LIABILITIES AND EQUITY		\$ 70,880.62

If the system is in need of repair or improvement, has any outstanding Notice of Violation of any standard set by the DEP or any outstanding consent orders with the DEP, the buyer shall provide a list of the improvements and repairs needed and the approximate cost to make them, a list of the action taken by the utility with regard to the violation, a copy of the Notice of Violation(s), a copy of the consent order and a list of the improvements and repairs consented to and the approximate cost to make them.

PART III NOTICE OF ACTUAL APPLICATION

- A) Exhibit 11 An affidavit that the notice of actual application was given in accordance with Section 367.045(1)(a), Florida Statutes, and Rule 25-30.030, Florida Administrative Code, by regular mail to the following:
 - (1) the governing body of the municipality, county, or counties in which the system or the territory proposed to be served is located;
 - (2) the privately owned water and wastewater utilities that hold a certificate granted by the Public Service Commission and that are located within the county in which the utility or the territory proposed to be served is located;
 - (3) if any portion of the proposed territory is within one mile of a county boundary, the utility shall notice the privately owned utilities located in the bordering counties and holding a certificate granted by the Commission;
 - (4) the regional planning council;
 - (5) the Office of Public Counsel;
 - (6) the Public Service Commission's Director of the Division of the Commission Clerk and Administrative Services;
 - (7) the appropriate regional office of the Department of Environmental Protection; and
 - (8) the appropriate water management district.

Copies of the Notice and a list of entities noticed shall accompany the affidavit. THIS MAY BE A LATE-FILED EXHIBIT.

- B) Exhibit 12 An affidavit that the notice of actual application was given in accordance with Rule 25-30.030, Florida Administrative Code, by regular mail or personal delivery to each customer of the system being transferred. A copy of the Notice shall accompany the affidavit. THIS MAY BE A LATE-FILED EXHIBIT.
- C) Exhibit 13 Immediately upon completion of publication, an affidavit that the notice of actual application was published once in a newspaper of general circulation in the territory in accordance with Rule 25-30.030, Florida Administrative Code. A copy of the proof of publication shall accompany the affidavit. THIS MAY BE A LATE-FILED EXHIBIT.

PART IV FILING FEE

Indicate the filing fee enclosed with the application: \$750 (for water) and ____ (for wastewater).

Note: Pursuant to Rule 25-30.020, Florida Administrative Code, the amount of the filing fee as follows:

- (1) For applications in which the utility to be transferred has the capacity to serve up to 500 ERC's, the filing fee shall be \$750.
- (2) For applications in which the utility to be transferred has the capacity to serve from 501 to 2,000 ERC's the filing fee shall be \$1,500.
- (3) For applications in which the utility to be transferred has the capacity to serve from 2,001 ERC's to 4,000 ERC's the filing fee shall be \$2,250.
- (4) For applications in which the utility to be transferred has the capacity to serve more than 4,000 ERC's the filing fee shall be \$3,000.

Sunshine Utilities of Central FL, Inc. Application for the transfer of Community Water Co-Op, Inc.

Exhibit 11

This will be a Late Filed Exhibit

Exhibit 12

This will be a Late Filed Exhibit

Exhibit 13

This will be a Late Filed Exhibit

PART V OTHER

- A) Exhibit _______ Evidence that the utility owns the land where the utility treatment facilities are located. Or, where the utility does not own the land, a copy of the agreement which provides for the long term, continuous use of the land, such as a 99-year lease. The Commission may consider a written easement or other cost-effective alternative.
- Exhibit 15 The original and two copies of sample tariff sheets reflecting the new name of the utility, the existing rates and charges and territorial description of the water and/or wastewater systems. Sample tariff(s) are attached.

 C) Exhibit 16 The utility's current certificate(s)
- c) Exhibit 16 The utility's current certificate(s) or, if not available, an explanation of the steps the applicant took to obtain the certificate(s).

Sunshine Utilities of Central FL, Inc. Application for the transfer of Community Water Co-Op, Inc.

Exhibit 14

See Item 7 of Agreement - Exhibit 3

Exhibit 15

The original and two copies of the tariffs sheets - Attached

Exhibit 16

A copy of the certificate 363-W - Attached (Original forwarded with territory amendment for Sandy Acres)

TENTH REVISED SHEET NO. 3.0 CANCELS NINTH REVISED SHEET NO. 3.0

WATER TARIFF

NAME OF COMPANY SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.

TERRITORY SERVED

CERTIFICATE NUMBER - 363 W

COMMISSION ORDER (S) APPROVING TERRITORY SERVED -

ORDER NUMBER	DATE ISSUED	DOCKET NUMBI	ER FILING TYPE
11138	09/03/82	810386-(MC)	ORIGINAL CERTIFICATE
11680	03/07/83	820367 W	AMENDMENT
11680	03/07/83	820408 W	TRANSFER
11680	03/07/83	820409 W	TRANSFER
14206	03/21/85	840087 WU	AMENDMENT
14978	09/21/85	840089 WU	AMENDMENT
15296	10/25/85	850280 WU	AMENDMENT
17161	02/06/87	861526 WU	AMENDMENT
17733	06/22/97	870181 WU	TRANSFER
18081	09/01/87	860724 WU	AMENDMENT
20707	02/06/89	880907 WU	TRANSFER
22239	11/29/89	891177 WU	NAME CHANGE
PSC-98-0385 FOF WU	03/11/98	971297 WU	AMENDMENT
PSC-99-2390 FOF WU	12/07/99	980543 WU	AMENDMENT
PSC-00-1062 FOF WU	06/02/00	991681 WU	AMENDMENT
PSC-02-1832 PAA WU	12/20/02	011632 WU	TRANSFER
PSC-02-1292 PAA WU	9/23/02	020256 WU	TRANSFER
PSC-02-0244 FOF WU	2/20/03	021034 WU	AMENDMENT
		303128 WU	AMENDMENT
			TRANSFER

EFFECTIVE DATE

JAMES H. HODGES
ISSUING OFFICER

TYPE OF FILING - AMENDMENT
PRESIDENT
TITLE

SECOND REVISED SHEET NO. 3.11 CANCELS FIRST REVISED SHEET NO. 3.11

NAME OF COMPANY <u>SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.</u> WATER TARIFF

(Continued from Sheet 3.10)

SECTION 6 TOWNSHIP 17 S RANGE 23 E COUNTRY WALK

The South 1/2 of the Northwest 1/4 of said Section 6

SECTION 2 TOWNSHIP 17 S RANGE 23 E HILLTOP

The Northwest 1/4 of the Southeast 1/4 of said Section 2

SECTIONS 29, 30, 31 AND 32 TOWNSHIP 17 S RANGE 26 E SANDY ACRES

The Southwest 1/4 of Northwest 1/4 of Section 29
The West 1/2 of Southwest 1/4 of Section 29
The Southeast 1/4 of Section 30
The East 1/2 of Northeast 1/4 of Section 31
The West 1/2 of Northwest 1/4 of Section 32

SECTION 25 TOWNSHIP 16S RANGE 21 QUAIL RUN

Southeast 1/4 of the Southeast 14 of Section 25

(Continue to Sheet No. 3.12)

JAMES H. HODGES ISSUING OFFICER

PRESIDENT TITLE

ORIGINAL SHEET NO. 3.12

NAME OF COMPANY <u>SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.</u> WATER TARIFF

(Continued from Sheet 3.11)

Township 15S Range 25E Ponderosa Pines

South 1/2 of the Northwest 1/4 of
The Southeast 1/4 and the
Southwest 1/4 of Southeast 1/4
and The Southeast 1/4 of the
Northeast 1/4 of The
Southwest 1/4 and The Northeast
1/4 of the Southeast 1/4 of the
Southwest 1/4 and The East 1/2
of the Southwest 1/4 of The
Northeast 1/4 of the Southwest 1/4
and The East 1/2 of the Southeast 1/4
of the Southeast 1/4 of The Southwest
1/4 of said Section 19

EFFECTIVE DATE

JAMES H. HODGES ISSUING OFFICER

TYPE OF FILING - TRANSFER

PRESIDENT TITLE

FIFTH REVISED SHEET NO. 4.0 CANCELS FOURTH REVISED SHEET NO. 4.0

NAME OF COMPANY <u>SUNSHINE UTILITIES OF CENTRAL FLORIDA</u>, INC. WATER TARIFF

COMMUNITIES SERVED LISTING

County Name	Development	Rate Schedule (s) <u>Available</u>	Sheet No.
Marion	Sunshine Utilities	RS	18.0
Marion	Sunshine Utilities	MS	18.2
Marion	Lakeview Hills	GS	17.1
Marion	Lakeview Hills	RS	18.1
Marion	Whispering Sands	GS	17.0
Marion	Sandy Acres	RS	18.3
Marion	Quail Run	GS	17.2
Marion	Quail Run	RS	18.4
Marion	Quail Run	MS	18.5
Marion	Ponderosa Pines	RS	18.6

EFFECTIVE DATE

JAMES H. HODGES
ISSUING OFFICER

<u>TYPE OF FILING</u> - TRANSFER <u>PRESIDENT</u> TITLE

FIFTH REVISED SHEET NO. 15.0 CANCELS FOURTH REVISED SHEET NO. 15.0

NAME OF COMPANY <u>SUNSHINE UTILITIES OF CENTRAL FLORIDA</u>, <u>INC.</u> WATER TARIFF

INDEX OF RATE AND CHARGE SCHEDULES

	Sheet Number
Customer Deposits	15.1, 15.4, 15.5
Fire Protection	19.0
General Service (GS)	17.0 - 17.2
Meter Test Deposit	15.3, 15.6
Miscellaneous Service Charges	20.0 - 20.2
Multi-Residential Services (MS)	18.2, 18.5
Residential Services (RS)	18.0, 18.1, 18.4, 18.6
Service Availability Fee and Charges	28.0 - 28.2

EFFECTIVE DATE	JAMES H. HODGES
	ISSUING OFFICER

TYPE OF FILING - TRANSFER
PRESIDENT
TITLE

SIXTH REVISE SHEET NO. 16.0 CANCELS FIFTH REVISED SHEET NO. 16.0

NAME OF COMPANY <u>SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.</u> WATER TARIFF

INDEX OF RATE SCHEDULES

General Services, GS	17.0, 17.1, 17.2
Residential Services RS18.0,	18.1, 18.3, 18.4, 18.6
Multi Residential Service, MS	18.2, 18.5
Fire Hydrants	19.0
Miscellaneous Service Charges	20.0.20.1.20.2

EFFECTIVE DATE

JAMES H. HODGES ISSUING OFFICER

TYPE OF FILING - TRANSFER

PRESIDENT TITLE

ORIGINAL SHEET NO. 18.6

NAME OF COMPANY <u>SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.</u> WATER TARIFF

RESIDENTIAL SERVICE

RATE SCHEDULE RS

AVAILABILITY Available throughout the area of Ponderosa

Pines served by the company.

APPLICABILITY For water service for all purposes in private

residences.

<u>LIMITATIONS</u> Subject to all the Rules and Regulations of

this tariff and General Rules and Regulations

of the Commission.

BILLING PERIOD Monthly

RATE \$15.00 per Month - Payable in Advance

MINIMUM CHARGE \$15.00 per Month

TERMS OF PAYMENT Bills are due and payable when rendered and

become delinquent if not paid within twenty (20) days. After five (5) working days written notice is mailed to the customer separate and apart from any other bill, service may then be discontinued.

<u>EFFECTIVE DATE</u> <u>JAMES H. HODGES</u>

ISSUING OFFICER

<u>TYPE OF FILING</u> - TRANSFER <u>PRESIDENT</u>

NAME OF COMPANY <u>SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.</u> WATER TARIFF

MISCELLANEOUS SERVICE CHARGE- PONDEROSA PINES ONLY

The Company may charge the following miscellaneous service charges in accordance with the terms stated herein. If both water and wastewater services are provided, only a single charge is appropriate unless circumstances beyond the control of the company require multiple actions.

TRANSFER - This charge would be levied prior to transfer to the new owner...

<u>RECONNECTION</u> - This charge would be levied prior to reconnection whether requested or a delinquency in bill payment in excess of six (6) months and/or sold to a new owner.

<u>VIOLATION RECONNECTION</u> - This charge would be levied prior to reconnection of an existing customer after disconnection of service for cause according to Rule 25-30.320 (2), Florida Administrative Code, including a delinquency in bill payment.

<u>LATE CHARGE</u> - This charge would be levied if payment is over thirty (30) days past due and is not received within five day from notice.

Schedule of Miscellaneous Service Charges.

	Normal Hours
Transfer	\$100.00

(Plus one (1) year water cost in advance) @ \$15.00 per month X 12 Mos = \$180.00

Violation Reconnection (3mos)	\$100.00
Reconnection	\$500.00
Late Charge	\$10.00

EFFECTIVE DATE

JAMES H. HODGES
ISSUING OFFICER

TYPE OF FILING - TRANSFER PRESIDENT

FIFTH REVISED SHEET NO. 26.0 CANCELS FOURTH REVISED SHEET NO. 26.0

NAME OF COMPANY <u>SUNSHINE UTILITIES OF CENTRAL FLORIDA</u>, INC. WATER TARIFF

INDEX OF SERVICE AVAILABILITY

	Sheet Number
Schedule of Fee and Charges	28.0, 28.1, 28.2
Service Availability Policy	27.0
Table of Daily Flows	29.0

EFFECTIVE DATE

JAMES H. HODGES

ISSUING OFFICER

TYPE OF FILING - TRANSFER PRESIDENT

FOURTH REVISED SHEET NO. 27.0 CANCELS FIFTH REVISED SHEET NO. 27.0

NAME OF COMPANY <u>SUNSHINE UTILITIES OF CENTRAL FLORIDA</u>, <u>INC.</u> WATER TARIFF

SERVICE AVAILABILITY CHARGE

The utility provides water service to residential, general service and multi-residential customers in separate areas throughout Marion County. These areas either had existing water systems that were purchased by the utility, or water systems that were installed by the utility. The service availability schedule of fees and charges are listed on Sheet 28.0, 28.1 and 28.2.

EFFECTIVE DATE

JAMES H. HODGES

ISSUING OFFICER

TYPE OF FILING - TRANSFER

<u>PRESIDENT</u>

ORIGINAL SHEET NO. 28.2

NAME OF COMPANY <u>SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.</u> WATER TARIFF

THIS TARIFF SHEET APPLIES TO PONDEROSA PINES ONLY

SCHEDULE OF METER INSTALLATION FEES - WATER

AVAILABILITY - Available throughout the area served by the company.

<u>DEFINITION</u> - The actual

The actual or average cost to the utility to install the water measuring device at the point of delivery, including materials

and labor required.

<u>APPLICABILITY</u> - To all classifications of customers for the initial commencement of service at any given location.

<u>RATE</u> - 3/4" or 5/8" \$500.00 1" \$500.00

1" \$500.00 1 ½" \$500.00 2" \$500.00

Plus pay one (1) year water cost in advance @\$15.00 per month X 12 Mos = \$180.00

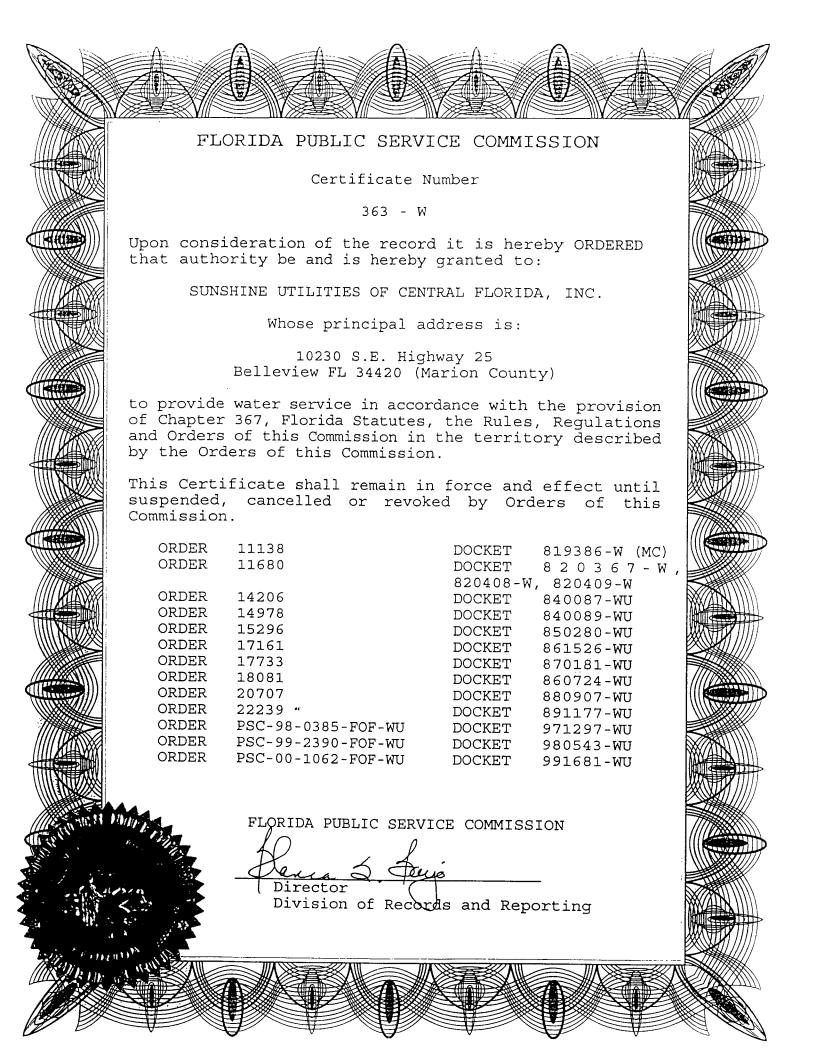
TERMS OF PAYMENT - Payment in full with application for service.

EFFECTIVE DATE

JAMES H. HODGES

ISSUING OFFICER

<u>TYPE OF FILING</u> - TRANSFER <u>PRESIDENT</u>



PART II NEED FOR SERVICE

	A)	regar	bit If the applicant is requesting an extension of territory, a statement rding the need for service in the proposed territory, such as anticipated lopment in the proposed service area.	
Q.A.	B)	Exhibit If the applicant is requesting a deletion of territory, a statement specifying the reasons for the proposed deletion, demonstrating that it is in the public interest and explaining the effect of the proposed deletion on the ability of any customer, or potential customer, to receive water and/or wastewater service, including alternative source(s) of service.		
	C)	Exhibit A statement that to the best of the applicant's knowledge, the provision of service will be consistent with the water and wastewater sections of the local comprehensive plan at the time the application is filed, as approved by the Department of Community Affairs, or, if not, a statement demonstrating why granting the amendment would be in the public interest.		
PART III SYSTEM INFORMATION		FEM INFORMATION		
	A)	WATER		
		(1)	Exhibit <u>17</u> - A statement describing the proposed type(s) of water service to be provided by the extension (i.e., potable, non-potable or both).	
		(2)	Exhibit 18 - A statement describing the capacity of the existing lines, the capacity of the existing treatment facilities, and the design capacity of the proposed extension.	
		(3)	Exhibit 19 - The numbers and dates of any construction or operating permits issued by the Department of Environmental Protection for the system proposed to be expanded.	
3 ((4)	Exhibit 20 - A description of the types of customers anticipated to be served by the extension, i.e., single family homes, mobile homes, duplexes, golf course, clubhouse, commercial, etc.	
	۲۰.8	(5)	If the utility is requesting a deletion of territory, provide the number of current active connections within the territory to be deleted.	

Sunshine Utilities of Central FL, Inc. Application for the transfer of Community Water Co-Op, Inc.

Exhibit 17

The water service to be provided is potable.

Exhibit 18

The existing 2" lines have a capacity that is equal to the original treatment facilities capacity which was 116 gpm.

The existing capacity of the treatment facilities which consists of only the 1 well is 56 gpm.

The proposed well which replaces well #2 will equal the capacity of the well at 60 gpm and will resume the capacity of the treatment facilities to 116 gpm.

Exhibit 19

None

Exhibit 20

The type of customers anticipated to be served are mobile homes.

PART IV FINANCIAL AND TECHNICAL INFORMATION

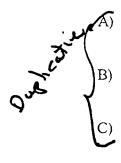


Exhibit ____ - A statement as to the applicant's technical and financial ability to render reasonably sufficient, adequate and efficient service.

Exhibit ____ - A detailed statement regarding the proposed method of financing the construction, and the projected impact on the utility's capital structure.

Provide the number of the most recent Commission order establishing or amending the applicant's rates and charges.



Exhibit 21 - A statement regarding the projected impact of the extension on the utility's monthly rates and service availability charges.

PART V TERRITORY DESCRIPTION AND MAPS

A) TERRITORY DESCRIPTION

Exhibit <u>22</u> - An accurate description of the territory proposed to be added or deleted, using township, range and section references as specified in Rule 25-30.030(2), F.A.C. If the water and wastewater territory is different, provide separate descriptions.

B) TERRITORY MAPS

Exhibit <u>23</u> - One copy of an official county tax assessment map or other map showing township, range and section with a scale such as 1"=200' or 1"=400' on which the proposed territory to be added or deleted is plotted by use of metes and bounds or quarter sections and with a defined reference point of beginning. If the water and wastewater territory is different, provide separate maps.

C) <u>SYSTEM MAPS</u>

Exhibit <u>24</u> - One copy of detailed map(s) showing proposed lines and facilities and the territory proposed to be served. Map(s) shall be of sufficient scale and detail to enable correlation with a description of the territory proposed to be served. Provide separate maps for water and wastewater systems.

Sunshine Utilities of Central FL, Inc. Application for the transfer of Community Water Co-Op, Inc.

Exhibit 21

There will be no impact on the utility's monthly rates or service availability charges with this transfer.

Exhibit 22

Territory Description - Attached

Exhibit 23

Territory Map - Attached - Forward FO To Ecr

Exhibit 24

System Map - Attached - FORWARDED TO ECR

Sunshine Utilities of Central FL, Inc. Application for the transfer of Community Water Co-Op, Inc.

TERRITORY DESCRIPTION

Ponderosa Pines
Township 15S Range 25E

South 1/2 of the Northwest 1/4 of
The Southeast 1/4 and the
Southwest 1/4 of Southeast 1/4
and The Southeast 1/4 of the
Northeast 1/4 of The
Southwest 1/4 and The Northeast
1/4 of the Southeast 1/4 of the
Southwest 1/4 and The East 1/2
Of the Southwest 1/4 of The
Northeast 1/4 of the Southwest 1/4
and The East 1/2 of the Southeast 1/4
Of the Southeast 1/4 of The Southwest
1/4 of said Section 19

PART VI AFFIDAVIT

tated in the forgoing application to are true and correct and that constitutes a complete statement of
Applicant's Signature
James H. Hodges, Jr.
Applicant's Name (Typed)
Secretary
Applicant's Title *
this 9th day in the month of 2003 by James H. Hodges, Jr.
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
x
Notary Public's Signature
JANE M. ROP MY COMMISSION # CC 940957 Int, Type nor StreetspaugCommissioned
2

*If applicant is a corporation, the affidavit must be made by the president or other officer authorized by the by-laws of the corporation to act for it. If applicant is a partnership or association, a member of the organization authorized to make such affidavit shall execute same.