

**CLASS "C"**  
**WATER AND/OR WASTEWATER UTILITIES**

(Gross Revenue of Less Than \$200,000 Each)

***ANNUAL REPORT***

SU724-03-AR  
Pine Island Cove Homeowners Association, Inc.  
7290 Ladyfish Drive  
St. James City, FL 33956-2723

453-S

\_\_\_\_\_  
Certificate Number(s)

*Submitted To The*

***STATE OF FLORIDA***

***PUBLIC SERVICE COMMISSION***

FOR THE

**YEAR ENDED DECEMBER 31, 2003**

To the Board of Directors  
Pine Island Cove Homeowners Association, Inc.  
Pine Island, Florida

We have compiled the balance sheet of Pine Island Cove Sewer Treatment Plant as of December 31, 2003 and the related statement of income for the year then ended included in the accompanying prescribed form in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. We have also compiled the supplementary information presented in the prescribed form.

Our compilation was limited to presenting in the form prescribed by the Florida Public Service Commission, information that is the representation of management. We have not audited or reviewed the financial statements and supplementary information referred to above and, accordingly, do not express an opinion or any other form of assurance on them.

The financial statements and supplementary information are presented in accordance with the requirements of the Florida Public Service Commission which differ from generally accepted accounting principles. Accordingly, these financial statements and supplementary information are not designed for those who are not informed about such differences.

*Markham Norton Mosteller Wright & Company P.A.*

MARKHAM NORTON MOSTELLER WRIGHT & COMPANY, P.A.  
March 18, 2004

**Reconciliation of Revenue to  
Regulatory Assessment Fee Revenue  
Wastewater Operations  
Class C**

**Company:**

**For the Year Ended December 31, 2003**

(a)	(b)	(c)	(d)
Accounts	Gross Wastewater Revenues Per Sch. F-3	Gross Wastewater Revenues Per RAF Return	Difference (b) - (c)
Gross Revenue:			
Residential	\$ 45,446	\$ 45,446	\$ 0
Commercial	_____	_____	_____
Industrial	_____	_____	_____
Multiple Family	_____	_____	_____
Guaranteed Revenues	_____	_____	_____
Other	_____	_____	_____
<b>Total Wastewater Operating Revenue</b>	<b>\$ 45,446</b>	<b>\$ 45,446</b>	<b>\$ 0</b>
<b>LESS: Expense for Purchased Wastewater from FPSC-Regulated Utility</b>	_____	_____	_____
<b>Net Wastewater Operating Revenues</b>	<b>\$ 45,446</b>	<b>\$ 45,446</b>	<b>\$ 0</b>

Explanations:

Instructions:

For the current year, reconcile the gross wastewater revenues reported on Schedule F-3 with the gross wastewater revenues reported on the company's regulatory assessment fee return. Explain any differences reported in column (d).

PINE ISLAND COVE HOMEOWNERS ASSOCIATION, INC.

ANNUAL REPORT

DECEMBER 31, 2003

In addition to the sewer treatment plant, Pine Island Cove Homeowners Association, Inc. also provides, and charges members for, park maintenance services and has one balance sheet for the combined services. This report only covers the sewer treatment lines. The park maintenance activity is reflected only as an adjustment to the retained earnings of the accompanying balance sheet on page F-3. The amount of the adjustment is shown in the retained earnings section of page F-6.

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# FINANCIAL SECTION

REPORT OF

PINE ISLAND COVE HOMEOWNERS ASSOCIATION, INC.

(EXACT NAME OF UTILITY)

7290 LADYFISH DRIVE  
ST. JAMES CITY, FL 33956

SAME

LEE

Mailing Address

Street Address

County

Telephone Number 941-283-3100

Date Utility First Organized 1988

Fax Number 941-283-3031

E-mail Address PICOVEHA@JUNO.COM

Sunshine State One-Call of Florida, Inc. Member No. 407-575-2010

Check the business entity of the utility as filed with the Internal Revenue Service:

Individual     Sub Chapter S Corporation     1120 Corporation     Partnership

Name, Address and phone where records are located: 7290 LADYFISH DRIVE  
ST. JAMES CITY, FL 33956  
941-283-3100

Name of subdivisions where services are provided: PINE ISLAND COVE MOBILE HOMES

CONTACTS:

Name	Title	Principle Business Address	Salary Charged Utility
Person to send correspondence: <u>ROBERT EAMES</u>	<u>PRESIDENT</u>	<u>7290 LADYFISH DRIVE</u> <u>ST. JAMES CITY, FL 33956</u>	
Person who prepared this report: <u>MARKHAM NORTON MOSTELLER WRIGHT &amp; CO. CPA'S</u>		<u>8961 CONFERENCE DRIVE</u> <u>FORT MYERS, FL 33919</u>	
Officers and Managers: <u>ROBERT EAMES</u>	<u>PRESIDENT</u>	<u>7290 LADYFISH DRIVE</u> <u>ST. JAMES CITY, FL 33956</u>	<u>\$ 0</u>
<u>RALPH BROOKHART</u>	<u>VICE PRESIDENT</u>	<u>"</u>	<u>\$ 0</u>
<u>BEVERLY ROSSWOG</u>	<u>VICE PRESIDENT</u>	<u>"</u>	<u>\$ 0</u>
<u>MARIE SCHOENBAECHLER</u>	<u>SECRETARY</u>	<u>"</u>	<u>\$ 0</u>
<u>LAWRENCE McFARLAND</u>	<u>TREASURER</u>	<u>"</u>	<u>\$ 0</u>

Report every corporation or person owning or holding directly or indirectly 5 percent or more of the voting securities of the reporting utility:

Name	Percent Ownership in Utility	Principle Business Address	Salary Charged Utility
<u>THIS CORPORATION IS A HOME OWNERS ASSOCIATION. IT HAS NO VOTING SECURITIES</u>	<u>_____</u>	<u>_____</u>	<u>\$ _____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>\$ _____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>\$ _____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>\$ _____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>\$ _____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>\$ _____</u>

UTILITY NAME: PINE ISLAND COVE HOMEOWNERS ASSOC., INC.

YEAR OF REPORT DECEMBER 31, 2003
-------------------------------------

INCOME STATEMENT

Account Name	Ref. Page	Water	Wastewater	Other	Total Company
Gross Revenue:					
Residential_____		\$ _____	\$ 45,446	\$ _____	\$ 45,446
Commercial_____		_____	_____	_____	_____
Industrial_____		_____	_____	_____	_____
Multiple Family_____		_____	_____	_____	_____
Guaranteed Revenues_____		_____	_____	_____	_____
Other (Specify)_____		_____	_____	_____	_____
Total Gross Revenue_____		\$ _____	\$ 45,446	\$ _____	\$ 45,446
Operation Expense (Must tie to pages W-3 and S-3)	W-3 S-3	\$ _____	\$ 54,052	\$ _____	\$ 54,052
Depreciation Expense_____	F-5	_____	3,608	_____	3,608
CIAC Amortization Expense_____	F-8	_____	_____	_____	_____
Taxes Other Than Income_____	F-7	_____	3,461	_____	3,461
Income Taxes_____	F-7	_____	_____	_____	_____
Total Operating Expense		\$ _____	61,121	_____	\$ 61,121
Net Operating Income (Loss)		\$ _____	(15,675)	\$ _____	\$ (15,675)
Other Income:					
Nonutility Income_____		\$ _____	\$ _____	\$ _____	\$ _____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
Other Deductions:					
Miscellaneous Nonutility Expenses_____		\$ _____	\$ _____	\$ _____	\$ _____
Interest Expense_____		_____	86	_____	86
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
Net Income (Loss)		\$ _____	(15,761)	\$ _____	\$ (15,761)



UTILITY NAME: PINE ISLAND COVE HOMEOWNERS ASSOC., INC.

YEAR OF REPORT DECEMBER 31, 2003
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COMPARATIVE BALANCE SHEET

ACCOUNT NAME	Reference Page	Current Year	Previous Year
Assets:			
Utility Plant in Service (101-105) -----	F-5,W-1,S-1	\$ <u>138,414</u>	\$ <u>138,414</u>
Accumulated Depreciation and Amortization (108) -----	F-5,W-2,S-2	<u>76,498</u>	<u>72,890</u>
Net Utility Plant -----		\$ <u>61,916</u>	\$ <u>65,524</u>
Cash -----		-----	-----
Customer Accounts Receivable (141) -----		-----	-----
Other Assets (Specify): -----		-----	-----
LOAN COSTS NET OF AMORTIZATION		-----	<u>825</u>
ACQUISITION ADJUSTMENT, NET OF AMORTIZATION		<u>288,122</u>	<u>302,492</u>
Total Assets -----		\$ <u><u>350,038</u></u>	\$ <u><u>368,841</u></u>
Liabilities and Capital:			
Common Stock Issued (201) -----	F-6	-----	-----
Preferred Stock Issued (204) -----	F-6	-----	-----
Other Paid in Capital (211) -----		-----	-----
Retained Earnings (215) -----	F-6	<u>345,006</u>	<u>358,423</u>
Proprietary Capital (Proprietary and partnership only) (218) -----	F-6	-----	-----
Total Capital -----		\$ <u>345,006</u>	\$ <u>358,423</u>
Long Term Debt (224) -----	F-6	\$ -----	\$ <u>3,676</u>
Accounts Payable (231) -----		<u>2,753</u>	<u>4,550</u>
Notes Payable (232) -----		-----	-----
Customer Deposits (235) -----		-----	-----
Accrued Taxes (236) -----		<u>2,279</u>	<u>2,192</u>
Other Liabilities (Specify) -----		-----	-----
Advances for Construction -----		-----	-----
Contributions in Aid of Construction - Net (271-272) -----	F-8	-----	-----
Total Liabilities and Capital -----		\$ <u><u>350,038</u></u>	\$ <u><u>368,841</u></u>

UTILITY NAME PINE ISLAND COVE HOMEOWNERS ASSOC., INC.

YEAR OF REPORT DECEMBER 31, 2003
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GROSS UTILITY PLANT

Plant Accounts: (101 - 107) inclusive	Water	Wastewater	Plant other Than Reporting Systems	Total
Utility Plant in Service -----	\$ _____	\$ <u>138,414</u>	\$ _____	\$ <u>138,414</u>
Construction Work in -----	_____	_____	_____	_____
Other (Specify) _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Total Utility Plant _____	\$ <u>_____</u>	\$ <u>138,414</u>	\$ <u>_____</u>	\$ <u>138,414</u>

ACCUMULATED DEPRECIATION (A/D) AND AMORTIZATION OF UTILITY PLANT

Account 108	Water	Wastewater	Other Than Reporting Systems	Total
Balance First of Year _____	\$ _____	\$ <u>72,890</u>	\$ _____	\$ <u>72,890</u>
<u>Add Credits During Year:</u>				
Accruals charged to depreciation account _____	\$ _____	\$ <u>3,608</u>	\$ _____	\$ <u>3,608</u>
Salvage _____	_____	_____	_____	_____
Other Credits (specify) _____ _____	_____ _____	_____ _____	_____ _____	_____ _____
Total Credits _____	\$ <u>_____</u>	\$ <u>3,608</u>	\$ _____	\$ <u>3,608</u>
<u>Deduct Debits During Year:</u>				
Book cost of plant retired _____	\$ _____	\$ <u>-</u>	\$ _____	\$ <u>-</u>
Cost of removal _____	_____	_____	_____	_____
Other debits (specify) _____ _____	_____ _____	_____ _____	_____ _____	_____ _____
Total Debits _____	\$ _____	\$ _____	\$ _____	\$ _____
Balance End of Year _____	\$ <u>_____</u>	\$ <u>76,498</u>	\$ <u>_____</u>	\$ <u>76,498</u>

UTILITY NAME: PINE ISLAND COVE HOMEOWNERS ASSOC., INC.

YEAR OF REPORT DECEMBER 31, 2003
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CAPITAL STOCK ( 201 - 204 )

	Common Stock	Preferred Stock
Par or stated value per share _____	_____	_____
Shares authorized _____	_____	_____
Shares issued and outstanding _____	_____	_____
Total par value of stock issued _____	_____	_____
Dividends declared per share for year _____	_____	_____

RETAINED EARNINGS ( 215 )

	Appropriated	Un- Appropriated
Balance first of year _____	\$ _____	\$ 358,423
Changes during the year (Specify):		
NET INCOME(LOSS)	_____	(15,761)
ADJUSTMENT - SEE ATTACHMENT	_____	2,344
_____	_____	_____
Balance end of year _____	\$ _____	\$ 345,006

PROPRIETARY CAPITAL ( 218 )

	Proprietor Or Partner	Partner
Balance first of year _____	\$ _____	\$ _____
Changes during the year (Specify):		
_____	_____	_____
_____	_____	_____
Balance end of year _____	\$ _____	\$ _____

LONG TERM DEBT ( 224 )

Description of Obligation (Including Date of Issue and Date of Maturity):	Interest		Principal per Balance Sheet Date
	Rate	# of Pymts	
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
Total _____			\$ _____

UTILITY NAME: PINE ISLAND COVE HOMEOWNERS ASSOC., INC.

YEAR OF REPORT DECEMBER 31, 2003
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**TAX EXPENSE**

(a)	Water (b)	Wastewater (c)	Other (d)	Total (e)
Income Taxes:				
Federal income tax _____	\$ _____	\$ _____	\$ _____	\$ _____
State income Tax _____	_____	_____	_____	_____
Taxes Other Than Income: _____	_____	_____	_____	_____
State ad valorem tax _____	_____	_____	_____	_____
Local property tax _____	_____	1,030	_____	1,030
Regulatory assessment fee _____	_____	2,045	_____	2,045
Other (Specify) _____	_____	_____	_____	_____
<b>PAYROLL TAXES</b> _____	_____	386	_____	386
<b>Total Taxes Accrued</b> _____	\$ _____	\$ 3,461	\$ _____	\$ 3,461

**PAYMENTS FOR SERVICES RENDERED BY OTHER THAN EMPLOYEES**

Report all information concerning outside rate, management, construction, advertising, labor relations, public relations, or other similiar professional services rendered the respondent for which aggregate payments during the year to any corporation, partnership, individual, or organization of any kind whatever amounting to \$500 or more.

Name of Recipient	Water Amount	Wastewater Amount	Description of Service
<u>MARKHAM NORTON STROEMER</u>	\$ _____	\$ 4,536	<u>ACCOUNTING SERVICES</u>
<u>WW WATER SYSTEMS</u>	\$ _____	\$ 7,590	<u>CONTRACTING SERVICES</u>
<u>SANDERS LABORATORIES</u>	\$ _____	\$ 1,233	<u>CONTRACTING SERVICES</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

UTILITY NAME: PINE ISLAND COVE HOMEOWNERS ASSOC., INC.

YEAR OF REPORT DECEMBER 31, 2003
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**CONTRIBUTIONS IN AID OF CONSTRUCTION ( 271 )**

N/A

(a)	Water (b)	Wastewater (c)	Total (d)
1) Balance first of year_____	\$ _____	\$ _____	\$ _____
2) Add credits during year_____	\$ _____	\$ _____	\$ _____
3) Total_____	_____	_____	_____
4) Deduct charges during the year_____	_____	_____	_____
5) Balance end of year_____	_____	_____	_____
6) Less Accumulated Amortization_____	_____	_____	_____
7) Net CIAC_____	\$ _____	\$ _____	\$ _____

**ADDITIONS TO CONTRIBUTIONS IN AID OF CONSTRUCTION DURING YEAR (CREDITS)**

N/A

Report below all developers or contractors agreements from which cash or property was received during the year.	Indicate "Cash" or "Property"	Water	Wastewater
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Sub-total_____		\$ _____	\$ _____
Report below all capacity charges, main extension charges and customer connection charges received during the year.			
Description of Charge	Number of Connections	Charge per Connection	
_____	_____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
Total Credits During Year (Must agree with line # 2 above.)_____		\$ _____	\$ _____

**ACCUMULATED AMORTIZATION OF CIAC (272)**

N/A

	Water	Wastewater	Total
Balance First of Year_____	\$ _____	\$ _____	\$ _____
Add Credits During Year:_____	_____	_____	_____
Deduct Debits During Year:_____	_____	_____	_____
Balance End of Year (Must agree with line #6 above.)	\$ _____	\$ _____	\$ _____

**\*\* COMPLETION OF SCHEDULE REQUIRED ONLY IF AFUDC WAS CHARGED DURING YEAR \*\***

UTILITY NAME: PINE ISLAND COVE HOMEOWNERS ASSOC., INC.

YEAR OF REPORT DECEMBER 31, 2003
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**SCHEDULE "A"**

N/A

**SCHEDULE OF COST OF CAPITAL USED FOR AFUDC CALCULATION (1)**

Class of Capital (a)	Dollar Amount (b)	Percentage of Capital (c)	Actual Cost Rates (d)	Weighted Cost [ c x d ] (e)
Common Equity	\$ _____	_____ %	_____ %	_____ %
Preferred Stock	_____	_____ %	_____ %	_____ %
Long Term Debt	_____	_____ %	_____ %	_____ %
Customer Deposits	_____	_____ %	_____ %	_____ %
Tax Credits - Zero Cost	_____	_____ %	0.00 %	_____ %
Tax Credits - Weighted Cost	_____	_____ %	_____ %	_____ %
Deferred Income Taxes	_____	_____ %	_____ %	_____ %
Other (Explain)	_____	_____ %	_____ %	_____ %
Total	\$ _____	100.00 %		_____ %

(1) Must be calculated using the same methodology used to calculate AFUDC rate approved by the Commission.

**APPROVED AFUDC RATE**

Current Commission approved AFUDC rate: _____ %
Commission Order Number approving AFUDC rate: _____

**\*\* COMPLETION OF SCHEDULE REQUIRED ONLY IF AFUDC WAS CHARGED DURING YEAR \*\***

**UTILITY NAME:**     PINE ISLAND COVE HOMEOWNERS ASSOC., INC.    

<b>YEAR OF REPORT</b> DECEMBER 31,      2003
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**SCHEDULE "B"**

**SCHEDULE OF CAPITAL STRUCTURE ADJUSTMENTS**

N/A

Class of Capital (a)	Per Book Balance (b)	Non-utility Adjustments (c)	Non-juris. Adjustments (d)	Other (1) Adjustments (e)	Capital Structure Used for AFUDC Calculation (f)
Common Equity	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Preferred Stock	_____	_____	_____	_____	_____
Long Term Debt	_____	_____	_____	_____	_____
Customer Deposits	_____	_____	_____	_____	_____
Tax Credits-Zero Cost	_____	_____	_____	_____	_____
Tax Credits-Weighted	_____	_____	_____	_____	_____
Cost of Capital	_____	_____	_____	_____	_____
Deferred Income Taxes	_____	_____	_____	_____	_____
Other (Explain)	_____	_____	_____	_____	_____
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

(1) Explain below all adjustments made in Column (e):

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**WATER  
OPERATING  
SECTION**



UTILITY NAME: PINE ISLAND COVE HOMEOWNERS ASSOC., INC.

YEAR OF REPORT DECEMBER 31, 2003
-------------------------------------

**WATER UTILITY PLANT ACCOUNTS**

N/A

Acct. No. (a)	Account Name (b)	Previous Year (c)	Additions (d)	Retirements (e)	Current Year (f)
301	Organization _____	\$ _____	\$ _____	\$ _____	\$ _____
302	Franchises _____	_____	_____	_____	_____
303	Land and Land Rights _____	_____	_____	_____	_____
304	Structures and Improvements _____	_____	_____	_____	_____
305	Collecting and Impounding Reservoirs _____	_____	_____	_____	_____
306	Lake, River and Other Intakes _____	_____	_____	_____	_____
307	Wells and Springs _____	_____	_____	_____	_____
308	Infiltration Galleries and Tunnels _____	_____	_____	_____	_____
309	Supply Mains _____	_____	_____	_____	_____
310	Power Generation Equipment _____	_____	_____	_____	_____
311	Pumping Equipment _____	_____	_____	_____	_____
320	Water Treatment Equipment _____	_____	_____	_____	_____
330	Distribution Reservoirs and Standpipes _____	_____	_____	_____	_____
331	Transmission and Distribution Lines _____	_____	_____	_____	_____
333	Services _____	_____	_____	_____	_____
334	Meters and Meter Installations _____	_____	_____	_____	_____
335	Hydrants _____	_____	_____	_____	_____
336	Backflow Prevention Devices _____	_____	_____	_____	_____
339	Other Plant and Miscellaneous Equipment _____	_____	_____	_____	_____
340	Office Furniture and Equipment _____	_____	_____	_____	_____
341	Transportation Equipment _____	_____	_____	_____	_____
342	Stores Equipment _____	_____	_____	_____	_____
343	Tools, Shop and Garage Equipment _____	_____	_____	_____	_____
344	Laboratory Equipment _____	_____	_____	_____	_____
345	Power Operated Equipment _____	_____	_____	_____	_____
346	Communication Equipment _____	_____	_____	_____	_____
347	Miscellaneous Equipment _____	_____	_____	_____	_____
348	Other Tangible Plant _____	_____	_____	_____	_____
	Total Water Plant _____	\$ _____	\$ _____	\$ _____	\$ _____

UTILITY NAME: PINE ISLAND COVE HOMEOWNERS ASSOC., INC.

YEAR OF REPORT  
DECEMBER 31, 2003

ANALYSIS OF ACCUMULATED DEPRECIATION BY PRIMARY ACCOUNT - WATER

N/A

Acct. No. (a)	Account (b)	Average Service Life in Years (c)	Average Salvage in Percent (d)	Depr. Rate Applied (e)	Accumulated Depreciation Balance Previous Year (f)	Debits (g)	Credits (h)	Accum. Depr. Balance End of Year (f-g+h=i) (i)
304	Structures and Improvements		%	%	\$	\$		\$
305	Collecting and Impounding Reservoirs		%	%				
306	Lake, River and Other Intakes		%	%				
307	Wells and Springs		%	%				
308	Infiltration Galleries & Tunnels		%	%				
309	Supply Mains		%	%				
310	Power Generating Equipment		%	%				
311	Pumping Equipment		%	%				
320	Water Treatment Equipment		%	%				
330	Distribution Reservoirs & Standpipes		%	%				
331	Trans. & Dist. Mains		%	%				
333	Services		%	%				
334	Meter & Meter Installations		%	%				
335	Hydrants		%	%				
336	Backflow Prevention Devices		%	%				
339	Other Plant and Miscellaneous Equipment		%	%				
340	Office Furniture and Equipment		%	%				
341	Transportation Equipment		%	%				
342	Stores Equipment		%	%				
343	Tools, Shop and Garage Equipment		%	%				
344	Laboratory Equipment		%	%				
345	Power Operated Equipment		%	%				
346	Communication Equipment		%	%				
347	Miscellaneous Equipment		%	%				
348	Other Tangible Plant		%	%				
	Totals				\$	\$	\$	\$*

\* This amount should tie to Sheet F-5.

UTILITY NAME: PINE ISLAND COVE HOMEOWNERS ASSOC., INC.

YEAR OF REPORT DECEMBER 31, 2003
-------------------------------------

**WATER OPERATION AND MAINTENANCE EXPENSE**

N/A

Acct. No.	Account Name	Amount
601	Salaries and Wages - Employees_____	\$ _____
603	Salaries and Wages - Officers, Directors, and Majority Stockholders_____	_____
604	Employee Pensions and Benefits_____	_____
610	Purchased Water_____	_____
615	Purchased Power_____	_____
616	Fuel for Power Production_____	_____
618	Chemicals_____	_____
620	Materials and Supplies_____	_____
630	Contractual Services:	
	Billing_____	_____
	Professional_____	_____
	Testing_____	_____
	Other_____	_____
640	Rents_____	_____
650	Transportation Expense_____	_____
655	Insurance Expense_____	_____
665	Regulatory Commission Expenses (Amortized Rate Case Expense)_____	_____
670	Bad Debt Expense_____	_____
675	Miscellaneous Expenses_____	_____
	Total Water Operation And Maintenance Expense_____	\$ _____ *

\* This amount should tie to Sheet F-3.

**WATER CUSTOMERS**

N/A

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	Number of Active Customers		Total Number of Meter Equivalents (c x e) (f)
			Start of Year (d)	End of Year (e)	
Residential Service					
5/8"	D	1.0	_____	_____	_____
3/4"	D	1.5	_____	_____	_____
1"	D	2.5	_____	_____	_____
1 1/2"	D,T	5.0	_____	_____	_____
General Service					
5/8"	D	1.0	_____	_____	_____
3/4"	D	1.5	_____	_____	_____
1"	D	2.5	_____	_____	_____
1 1/2"	D,T	5.0	_____	_____	_____
2"	D,C,T	8.0	_____	_____	_____
3"	D	15.0	_____	_____	_____
3"	C	16.0	_____	_____	_____
3"	T	17.5	_____	_____	_____
Unmetered Customers	_____	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____	_____
** D = Displacement C = Compound T = Turbine		Total	=====	=====	=====

UTILITY NAME: PINE ISLAND COVE HOMEOWNERS ASSOC., INC.

YEAR OF REPORT DECEMBER 31, 2003
-------------------------------------

SYSTEM NAME: \_\_\_\_\_

**PUMPING AND PURCHASED WATER STATISTICS**

N/A

(a)	(b)	(c)	(d)	(e)	(f)
	Water Purchased For Resale (Omit 000's)	Finished Water From Wells (Omit 000's)	Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's)	Total Water Pumped And Purchased (Omit 000's) [(b)+(c)-(d)]	Water Sold To Customers (Omit 000's)
January_____	_____	_____	_____	_____	_____
February_____	_____	_____	_____	_____	_____
March_____	_____	_____	_____	_____	_____
April_____	_____	_____	_____	_____	_____
May_____	_____	_____	_____	_____	_____
June_____	_____	_____	_____	_____	_____
July_____	_____	_____	_____	_____	_____
August_____	_____	_____	_____	_____	_____
September_____	_____	_____	_____	_____	_____
October_____	_____	_____	_____	_____	_____
November_____	_____	_____	_____	_____	_____
December_____	_____	_____	_____	_____	_____
Total for Year_____	_____	_____	_____	_____	_____

If water is purchased for resale, indicate the following:

Vendor \_\_\_\_\_  
 Point of delivery \_\_\_\_\_

If water is sold to other water utilities for redistribution, list names of such utilities below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MAINS (FEET)**

N/A

Kind of Pipe (PVC, Cast Iron, Coated Steel, etc.)	Diameter of Pipe	First of Year	Added	Removed or Abandoned	End of Year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

UTILITY NAME: PINE ISLAND COVE HOMEOWNERS ASSOC

YEAR OF REPORT DECEMBER 31, 2003
-------------------------------------

SYSTEM NAME: \_\_\_\_\_

**WELLS AND WELL PUMPS**

N/A

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	_____	_____	_____	_____
Types of Well Construction and Casing _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Depth of Wells _____	_____	_____	_____	_____
Diameters of Wells _____	_____	_____	_____	_____
Pump - GPM _____	_____	_____	_____	_____
Motor - HP _____	_____	_____	_____	_____
Motor Type * _____	_____	_____	_____	_____
Yields of Wells in GPD _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

N/A

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	_____	_____	_____	_____
Capacity of Tank _____	_____	_____	_____	_____
Ground or Elevated _____	_____	_____	_____	_____

**HIGH SERVICE PUMPING**

N/A

(a)	(b)	(c)	(d)	(e)
<u>Motors</u>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
<u>Pumps</u>				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: PINE ISLAND COVE HOMEOWNERS ASSOC., INC.

YEAR OF REPORT DECEMBER 31, 2003
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**SOURCE OF SUPPLY N/A**

List for each source of supply ( Ground, Surface, Purchased Water etc. )			
Permitted Gals. per day_____	_____	_____	_____
Type of Source_____	_____	_____	_____

**WATER TREATMENT FACILITIES N/A**

List for each Water Treatment Facility:			
Type_____	_____	_____	_____
Make_____	_____	_____	_____
Permitted Capacity (GPD)_____	_____	_____	_____
High service pumping	_____	_____	_____
Gallons per minute_____	_____	_____	_____
Reverse Osmosis_____	_____	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	_____	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	_____	_____	_____
Gravity GPD/Sq.Ft._____	_____	_____	_____
Disinfection	_____	_____	_____
Chlorinator_____	_____	_____	_____
Ozone_____	_____	_____	_____
Other_____	_____	_____	_____
Auxiliary Power_____	_____	_____	_____

UTILITY NAME: PINE ISLAND COVE HOMEOWNERS ASSOC., INC.

YEAR OF REPORT DECEMBER 31, 2003
-------------------------------------

SYSTEM NAME: \_\_\_\_\_

**GENERAL WATER SYSTEM INFORMATION**

**N/A**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present ERC's \* the system can efficiently serve. \_\_\_\_\_  
Number of ERCs \* which can be served. \_\_\_\_\_
3. Present system connection capacity (in ERCs \*) using existing lines. \_\_\_\_\_
4. Future connection capacity (in ERCs \*) upon service area buildout. \_\_\_\_\_
5. Estimated annual increase in ERCs \*. \_\_\_\_\_
6. Is the utility required to have fire flow capacity? \_\_\_\_\_  
If so, how much capacity is required? \_\_\_\_\_
7. Attach a description of the fire fighting facilities.
8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. When did the company last file a capacity analysis report with the DEP? \_\_\_\_\_
10. If the present system does not meet the requirements of DEP rules, submit the following:
  - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
  - b. Have these plans been approved by DEP? \_\_\_\_\_
  - c. When will construction begin? \_\_\_\_\_
  - d. Attach plans for funding the required upgrading.
  - e. Is this system under any Consent Order with DEP? \_\_\_\_\_
11. Department of Environmental Protection ID # \_\_\_\_\_
12. Water Management District Consumptive Use Permit # \_\_\_\_\_
  - a. Is the system in compliance with the requirements of the CUP? \_\_\_\_\_
  - b. If not, what are the utility's plans to gain compliance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An ERC is determined based on one of the following methods:  
(a) If actual flow data are available from the preceding 12 months:  
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.  
  
(b) If no historical flow data are available use:  
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

**WASTEWATER  
OPERATING  
SECTION**



UTILITY NAME: PINE ISLAND COVE HOMEOWNERS ASSOC., INC.

YEAR OF REPORT DECEMBER 31, 2003
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**WASTEWATER UTILITY PLANT ACCOUNTS**

Acct. No. (a)	Account Name (b)	Previous Year (c)	Additions (d)	Retirements (e)	Current Year (f)
351	Organization _____	\$ _____	\$ _____	\$ _____	\$ _____
352	Franchises _____	_____	_____	_____	_____
353	Land and Land Rights _____	_____	_____	_____	_____
354	Structures and Improvements _____	11,426	_____	_____	11,426
355	Power Generation Equipment _____	_____	_____	_____	_____
360	Collection Sewers - Force _____	_____	_____	_____	_____
361	Collection Sewers - Gravity _____	78,653	_____	_____	78,653
362	Special Collecting Structures _____	12,527	_____	_____	12,527
363	Services to Customers _____	_____	_____	_____	_____
364	Flow Measuring Devices _____	_____	_____	_____	_____
365	Flow Measuring Installations _____	_____	_____	_____	_____
370	Receiving Wells _____	_____	_____	_____	_____
371	Pumping Equipment _____	_____	_____	_____	_____
380	Treatment and Disposal Equipment _____	12,000	_____	_____	12,000
381	Plant Sewers _____	_____	_____	_____	_____
382	Outfall Sewer Lines _____	1,939	_____	_____	1,939
389	Other Plant and Miscellaneous Equipment _____	15,147	_____	_____	15,147
390	Office Furniture and Equipment _____	2,497	_____	_____	2,497
391	Transportation Equipment _____	_____	_____	_____	_____
392	Stores Equipment _____	_____	_____	_____	_____
393	Tools, Shop and Garage Equipment _____	_____	_____	_____	_____
394	Laboratory Equipment _____	_____	_____	_____	_____
395	Power Operated Equipment _____	_____	_____	_____	_____
396	Communication Equipment _____	_____	_____	_____	_____
397	Miscellaneous Equipment _____	150	_____	_____	150
398	Other Tangible Plant _____	4,075	_____	_____	4,075
	Total Wastewater Plant _____	\$ 138,414	\$ _____	\$ _____	\$ 138,414 *

\* This amount should tie to sheet F-5.

UTILITY NAME: PINE ISLAND COVE HOMEOWNERS ASSOC., INC.

YEAR OF REPORT  
DECEMBER 31, 2003

ANALYSIS OF ACCUMULATED DEPRECIATION BY PRIMARY ACCOUNT - WASTEWATER

Acct. No. (a)	Account (b)	Average Service Life in Years (c)	Average Salvage in Percent (d)	Depr. Rate Applied (e)	Accumulated Depreciation Balance Previous Year (f)	Debits (g)	Credits (h)	Accum. Depr. Balance End of Year (f-g+h=i) (i)
354	Structures and Improvements	35	%	2.86 %	\$ 5,058	\$	\$ 326	\$ 5,384
355	Power Generation Equipment		%					
360	Collection Sewers - Force		%					
361	Collection Sewers - Gravity	40	%	2.50 %	25,728		1966	27,694
362	Special Collecting Structures	22	%	4.55 %	8,868		569	9,437
363	Services to Customers		%					
364	Flow Measuring Devices		%					
365	Flow Measuring Installations		%					
370	Receiving Wells		%					
371	Pumping Equipment		%					
380	Treatment and Disposal Equipment	18	%	5.56 %	10,339		667	11,006
381	Plant Sewers		%					
382	Outfall Sewer Lines	30	%	3.33 %	1,073		65	1,138
389	Other Plant and Miscellaneous Equipment	15	%	6.67 %	15,147			15,147
390	Office Furniture and Equipment	15	%	6.67 %	2,497			2,497
391	Transportation Equipment		%					
392	Stores Equipment		%					
393	Tools, Shop and Garage Equipment		%					
394	Laboratory Equipment		%					
395	Power Operated Equipment		%					
396	Communication Equipment		%					
397	Miscellaneous Equipment	10	%	10.00 %	105		15	120
398	Other Tangible Plant	10	%	10.00 %	4,075			4,075
	Totals				\$ 72,890	\$ -	\$ 3,608	\$ 76,498 *

\* This amount should tie to Sheet F-5.

UTILITY NAME: PINE ISLAND COVE HOMEOWNERS ASSOC., INC.

YEAR OF REPORT DECEMBER 31, 2003
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**WASTEWATER OPERATION AND MAINTENANCE EXPENSE**

Acct. No.	Account Name	Amount
701	Salaries and Wages - Employees _____	\$ 4,471
703	Salaries and Wages - Officers, Directors, and Majority Stockholders _____	_____
704	Employee Pensions and Benefits _____	_____
710	Purchased Wastewater Treatment _____	_____
711	Sludge Removal Expense _____	2,145
715	Purchased Power _____ ELECTRIC UTIL.	2,642
716	Fuel for Power Production _____	_____
718	Chemicals _____	_____
720	Materials and Supplies _____	3,521
730	Contractual Services:	_____
	Billing _____	_____
	Professional _____ ACCOUNTING	4,636
	Testing _____	1,233
	Other _____ OPERATOR & MANAGEMENT	7,590
740	Rents _____	_____
750	Transportation Expense _____	_____
755	Insurance Expense _____	1,200
765	Regulatory Commission Expenses (Amortized Rate Case Expense) _____	_____
770	Bad Debt Expense _____	_____
775	Miscellaneous Expenses - REPAIRS & MAINT. , AMORTIZATION, TELEPHONE, WATER, OFFICE, TRAVEL, LICENSE, PERMITS	26,614
	Total Wastewater Operation And Maintenance Expense _____	\$ 54,052 *

\* This amount should tie to Sheet F-3.

**WASTEWATER CUSTOMERS**

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	Number of Active Customers		Total Number of Meter Equivalents (c x e) (f)
			Start of Year (d)	End of Year (e)	
Residential Service					
All meter sizes	D	1.0	319	319	319
General Service					
5/8"	D	1.0			
3/4"	D	1.5			
1"	D	2.5			
1 1/2"	D,T	5.0			
2"	D,C,T	8.0			
3"	D	15.0			
3"	C	16.0			
3"	T	17.5			
Unmetered Customers					
Other (Specify)					
Total			319	319	319

\*\* D = Displacement  
C = Compound  
T = Turbine

UTILITY NAME: PINE ISLAND COVE HOMEOWNERS ASSOC., INC.

YEAR OF REPORT DECEMBER 31, 2003
-------------------------------------

**PUMPING EQUIPMENT**

Lift Station Number _____	<u>1</u>	<u>2</u>	<u>3</u>	_____	_____	_____
Make or Type and nameplate data on pump _____	<u>PEABODY</u>	<u>PEABODY</u>	<u>PEABODY</u>	_____	_____	_____
Year installed _____	<u>1987</u>	<u>1987</u>	<u>1987</u>	_____	_____	_____
Rated capacity _____	<u>200</u>	<u>200</u>	<u>200</u>	_____	_____	_____
Size _____	<u>8'</u>	<u>8'</u>	<u>8'</u>	_____	_____	_____
Power:						
Electric _____						
Mechanical _____	<u>X</u>	<u>X</u>	<u>X</u>	_____	_____	_____
Nameplate data of motor _____	_____	_____	_____	_____	_____	_____

**SERVICE CONNECTIONS**

Size (inches) _____	<u>4"</u>	_____	_____	_____	_____	_____
Type (PVC, VCP, etc.) _____	<u>PVC</u>	_____	_____	_____	_____	_____
Average length _____	<u>25'</u>	_____	_____	_____	_____	_____
Number of active service connections _____	<u>319</u>	_____	_____	_____	_____	_____
Beginning of year _____	<u>319</u>	_____	_____	_____	_____	_____
Added during year _____	<u>0</u>	_____	_____	_____	_____	_____
Retired during year _____	<u>0</u>	_____	_____	_____	_____	_____
End of year _____	<u>319</u>	_____	_____	_____	_____	_____
Give full particulars concerning inactive connections _____	<u>VACANT LOT</u>	_____	_____	_____	_____	_____

**COLLECTING AND FORCE MAINS**

	Collecting Mains				Force Mains			
Size (inches) _____	<u>8"</u>	_____	_____	_____	_____	_____	_____	_____
Type of main _____	<u>PVC</u>	_____	_____	_____	_____	_____	_____	_____
Length of main (nearest foot) _____	<u>8125</u>	_____	_____	_____	_____	_____	_____	_____
Beginning of year _____	_____	_____	_____	_____	_____	_____	_____	_____
Added during year _____	_____	_____	_____	_____	_____	_____	_____	_____
Retired during year _____	_____	_____	_____	_____	_____	_____	_____	_____
End of year _____	<u>8125</u>	_____	_____	_____	_____	_____	_____	_____

**MANHOLES**

Size (inches) _____	<u>4'</u>	_____	_____	_____
Type of Manhole _____	<u>CONC</u>	_____	_____	_____
Number of Manholes:				
Beginning of year _____	<u>13</u>	_____	_____	_____
Added during year _____	<u>0</u>	_____	_____	_____
Retired during year _____	<u>0</u>	_____	_____	_____
End of Year _____	<u>13</u>	_____	_____	_____

UTILITY NAME: PINE ISLAND COVE HOMEOWNERS ASSOC., INC.

SYSTEM NAME: \_\_\_\_\_

YEAR OF REPORT DECEMBER 31, 2003
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**TREATMENT PLANT**

Manufacturer_____	<u>PAVED</u>	_____	_____
Type_____	<u>EXTENDED AIR</u>	_____	_____
"Steel" or "Concrete"_____	<u>CONCRETE</u>	_____	_____
Total Permitted Capacity_____	<u>50,000</u>	_____	_____
Average Daily Flow_____	<u>26,090</u>	_____	_____
Method of Effluent Disposal_____	<u>EVAPORATING POND</u>	_____	_____
Permitted Capacity of Disposal_____	<u>50,000</u>	_____	_____
Total Gallons of Wastewater treated_____	<u>9,523,000</u>	_____	_____

**MASTER LIFT STATION PUMPS**

Manufacturer_____	<u>UNKNOWN</u>	_____	_____	_____	_____	_____
Capacity (GPM's)_____	<u>400 GPM</u>	_____	_____	_____	_____	_____
Motor:						
Manufacturer_____	<u>PEABODY</u>	_____	_____	_____	_____	_____
Horsepower_____	<u>1.5</u>	_____	_____	_____	_____	_____
Power (Electric or Mechanical)_____	<u>ELECTRIC</u>	_____	_____	_____	_____	_____

**PUMPING WASTEWATER STATISTICS**

Months	Gallons of Treated Wastewater	Effluent Reuse Gallons to Customers	Effluent Gallons Disposed of on site
January_____	<u>839,000</u>	_____	_____
February_____	<u>778,000</u>	_____	_____
March_____	<u>980,000</u>	_____	_____
April_____	<u>857,000</u>	_____	_____
May_____	<u>691,000</u>	_____	_____
June_____	<u>823,000</u>	_____	_____
July_____	<u>619,000</u>	_____	_____
August_____	<u>791,000</u>	_____	_____
September_____	<u>877,000</u>	_____	_____
October_____	<u>708,000</u>	_____	_____
November_____	<u>696,000</u>	_____	_____
December_____	<u>864,000</u>	_____	_____
Total for year_____	<u>9,523,000</u>	_____	_____

If Wastewater Treatment is purchased, indicate the vendor: \_\_\_\_\_

N/A

UTILITY NAME: PINE ISLAND COVE HOMEOWNERS ASSOC., INC.

YEAR OF REPORT  
DECEMBER 31, 2003

SYSTEM NAME: \_\_\_\_\_

**GENERAL WASTEWATER SYSTEM INFORMATION**

Furnish information below for each system. A separate page should be supplied where necessary.

1. Present number of ERCs\* now being served. \_\_\_\_\_ 93 \_\_\_\_\_

2. Maximum number of ERCs\* which can be served. \_\_\_\_\_ 179 \_\_\_\_\_

3. Present system connection capacity (in ERCs\*) using existing lines. \_\_\_\_\_ 179 \_\_\_\_\_

4. Future connection capacity (in ERCs\*) upon service area buildout. \_\_\_\_\_ N/A \_\_\_\_\_

5. Estimated annual increase in ERCs\*. \_\_\_\_\_ 1 \_\_\_\_\_

6. Describe any plans and estimated completion dates for any enlargements or improvements of this system \_\_\_\_\_ N/A

7. If the utility uses reuse as a means of effluent disposal, provide a list of the reuse end users and the amount of reuse provided to each, if known. \_\_\_\_\_ N/A

8. If the utility does not engage in reuse, has a reuse feasibility study been completed? \_\_\_\_\_ NO \_\_\_\_\_

If so, when? \_\_\_\_\_

9. Has the utility been required by the DEP or water management district to implement reuse? \_\_\_\_\_ NO \_\_\_\_\_

If so, what are the utility's plans to comply with this requirement? \_\_\_\_\_

10. When did the company last file a capacity analysis report with the DEP? August 2003

11. If the present system does not meet the requirements of DEP rules, submit the following:

N/A

a. Attach a description of the plant upgrade necessary to meet the DEP rules.

b. Have these plans been approved by DEP? \_\_\_\_\_

c. When will construction begin? \_\_\_\_\_

d. Attach plans for funding the required upgrading.

e. Is this system under any Consent Order with DEP? \_\_\_\_\_

12. Department of Environmental Protection ID # \_\_\_\_\_ FLA-014534 \_\_\_\_\_

\* An ERC is determined based on one of the following methods:

(a) If actual flow data are available from the preceding 12 months:

Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.

(b) If no historical flow data are available use:

ERC = (Total SFR gallons sold (omit 000/365 days)/280 gallons per day).

UTILITY NAME: PINE ISLAND COVE HOMEOWNERS ASSOC., INC.

YEAR OF REPORT DECEMBER 31, 2003
-------------------------------------


# CERTIFICATION OF ANNUAL REPORT

I HEREBY CERTIFY, to the best of my knowledge and belief:

- |  |                                |    |  |
|--|--------------------------------|----|--|
| YES<br><input checked="" type="checkbox"/> | NO<br><input type="checkbox"/> | 1. | The utility is in substantial compliance with the Uniform System of Accounts prescribed by the Florida Public Service Commission in Rule 25-30.115 (1), Florida Administrative Code.   |
| YES<br><input checked="" type="checkbox"/> | NO<br><input type="checkbox"/> | 2. | The utility is in substantial compliance with all applicable rules and orders of the Florida Public Service Commission.  |
| YES<br><input checked="" type="checkbox"/> | NO<br><input type="checkbox"/> | 3. | There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices that could have a material effect on the financial statement of the utility.   |
| YES<br><input checked="" type="checkbox"/> | NO<br><input type="checkbox"/> | 4. | The annual report fairly represents the financial condition and results of operations of the respondent for the period presented and other information and statements presented in the report as to the business affairs of the respondent are true, correct, and complete for the period for which it represents. |

**Items Certified**

1.	2.	3.	4.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 \*  
\_\_\_\_\_  
(signature of chief executive officer of the utility)

1.	2.	3.	4.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 \*  
\_\_\_\_\_  
(signature of chief financial officer of the utility)

\* Each of the four items must be certified YES or NO. Each item need not be certified by both officers. The items being certified by the officer should be indicated in the appropriate area to the left of the signature.

Notice: Section 837.06, Florida Statutes, provides that any person who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his duty shall be guilty of a misdemeanor of the second degree.