

**CLASS "C"**

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**WATER AND/OR WASTEWATER UTILITIES**

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

***ANNUAL REPORT***

WU839-04-AR  
CWS Communities LP  
14 Coral Street  
Eustis, FL 32726-6710

518-W

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

*Submitted To The*

***STATE OF FLORIDA***

REGULATION  
AND  
REGULATION

05 APR 25 PM 2:32

***PUBLIC SERVICE COMMISSION***

FOR THE

**YEAR ENDED DECEMBER 31, 2004**

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# **FINANCIAL SECTION**

REPORT OF

CWS Communities LP (Lake County)  
(EXACT NAME OF UTILITY)

14 Carol St., Eustis, Florida 32726	Same as Mailing Address	Lake
Mailing Address	Street Address	County

Telephone Number 352-589-1190 Date Utility First Organized 6/6/1989

Fax Number 352-589 - 5056 E-mail Address None

Sunshine State One-Call of Florida, Inc. Member No. \_\_\_\_\_

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: Haselton Village MHP 14 Carol St. Eustis, Florida 32726  
352-589-1190

Name of subdivisions where services are provided: Haselton Village Mobile Home Park

CONTACTS:

Name	Title	Principle Business Address	Salary Charged Utility
Person to send correspondence: <u>Kathryn Cowdery, Ruden McClosky</u>	<u>Attorney</u>	<u>215 S. Monroe Street</u> <u>Tallahassee, FI 32301</u>	None
Person who prepared this report: <u>Gary Morse , Excel Engineering Cons.</u>	<u>Utility Consultants</u>	<u>122 Wilshire Blvd.</u> <u>Casselberry, Florida 32779</u>	None
Officers and Managers: <u>Holly Simpson</u>	<u>Community Manager</u>	<u>14 Coral St, Eustis, FI 3272</u>	\$ _____
<u>Dick Leiter</u>	<u>Division VP</u>	<u>8805 Crown Blvd. Tampa, F</u>	\$ _____
<u>Ron Morris</u>	<u>President SE Division</u>	<u>8806 Crown Blvd. Tampa, F</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>Hometown America, LLC</u>	<u>100%</u>	<u>150 N. Wacker Drive</u> <u>Chicago, IL 60606</u>	\$ N/A
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

INCOME STATEMENT

Account Name	Ref. Page	Water	Wastewater	Other	Total Company
Gross Revenue					
Residential_____		\$ 16,804	\$ 0	\$ _____	\$ 16,804
Commercial_____		_____	_____	_____	_____
Industrial_____		_____	_____	_____	_____
Multiple Family_____		_____	_____	_____	_____
Guaranteed Revenues__		_____	_____	_____	_____
Other (Specify)_____		_____	_____	_____	_____
Total Gross Revenue___		\$ 16,804	\$ 0	\$ _____	\$ 16,804
Operation Expense (Must tie to pages W-3 and S-3)	W-3 S-3	\$ 20,726	\$ 0	\$ _____	\$ 20,726
Depreciation Expense_____	F-5	6,439	0	_____	6,439
CIAC Amortization Expense_	F-8	(1,347)	0	_____	(1,347)
Taxes Other Than Income__	F-7	1,311	0	_____	1,311
Income Taxes_____	F-7	0	0	_____	0
Total Operating Expense		\$ 27,129	0	_____	\$ 27,129
Net Operating Income (Loss)		\$ (10,325)	\$ 0	\$ _____	\$ (10,325)
Other Income:					
Nonutility Income_____		\$ _____	\$ _____	\$ _____	\$ _____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
Other Deductions:					
Miscellaneous Nonutility Expenses_____		\$ _____	\$ _____	\$ _____	\$ _____
Interest Expense_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
Net Income (Loss)		\$ (10,325)	\$ 0	\$ _____	\$ (10,325)

UTILITY NAME: CWS Communities LP

YEAR OF REPORT DECEMBER 31, 2004
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COMPARATIVE BALANCE SHEET

ACCOUNT NAME	Reference Page	Current Year	Previous Year
<b>Assets:</b>			
Utility Plant in Service (101-105) _____	F-5,W-1,S-1	\$ <u>256,743</u>	\$ <u>209,179</u>
Accumulated Depreciation and Amortization (108) _____	F-5,W-2,S-2	<u>117,748</u>	<u>111,309</u>
Net Utility Plant _____		\$ <u>138,995</u>	\$ <u>97,870</u>
Cash _____		_____	_____
Customer Accounts Receivable (141) _____		_____	_____
Other Assets (Specify): _____		_____	-
_____		-	-
_____		_____	_____
_____		_____	_____
<b>Total Assets</b> _____		<b>\$ <u>138,995</u></b>	<b>\$ <u>97,870</u></b>
<b>Liabilities and Capital:</b>			
Common Stock Issued (201) _____	F-6	_____	_____
Preferred Stock Issued (204) _____	F-6	_____	_____
Other Paid in Capital (211) _____		_____	_____
Retained Earnings (215) _____	F-6	<u>22,361</u>	<u>32,686</u>
Proprietary Capital (Proprietary and partnership only) (218) _____	F-6	<u>-</u>	_____
Total Capital _____		\$ <u>22,361</u>	\$ <u>32,686</u>
Long Term Debt (224) _____	F-6	\$ _____	\$ _____
Accounts Payable (231) _____		-	-
Notes Payable (232) _____		_____	_____
Customer Deposits (235) _____		_____	_____
Accrued Taxes (236) _____		<u>731</u>	<u>2,882</u>
Other Liabilities (Specify) _____		_____	_____
Due to Parent _____		<u>94,741</u>	<u>38,445</u>
_____		_____	_____
Advances for Construction _____		_____	_____
Contributions in Aid of Construction - Net (271-272) _____	F-8	<u>21,163</u>	<u>23,857</u>
<b>Total Liabilities and Capital</b> _____		<b>\$ <u>138,996</u></b>	<b>\$ <u>97,870</u></b>

UTILITY NAME CWS Communities LP

YEAR OF REPORT  
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GROSS UTILITY PLANT

Plant Accounts: (101 - 107) inclusive	Water	Wastewater	Plant other Than Reporting Systems	Total
Utility Plant in Service (101)_____	\$ <u>209,179</u>	\$ <u>-</u>	\$ _____	\$ <u>209,179</u>
Construction Work in Progress (105)_ New Hydro Tank	<u>47,564</u>	_____	_____	<u>47,564</u>
Other (Specify) _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Utility Plant_____	\$ <u>256,743</u>	\$ <u>-</u>	\$ _____	\$ <u>256,743</u>

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

Account 108	Water	Wastewater	Other Than Reporting Systems	Total
Balance First of Year_____	\$ <u>111,309</u>	\$ <u>-</u>	\$ _____	\$ <u>111,309</u>
<u>Add Credits During Year:</u>				
Accruals charged to depreciation account____	\$ <u>6,439</u>	\$ <u>-</u>	\$ _____	\$ <u>6,439</u>
Salvage_____	_____	_____	_____	_____
Other Credits (specify)____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Credits_____	\$ <u>117,748</u>	\$ <u>-</u>	\$ _____	\$ <u>117,748</u>
<u>Deduct Debits During Year:</u>				
Book cost of plant retired_____	\$ _____	\$ _____	\$ _____	\$ _____
Cost of removal_____	_____	_____	_____	_____
Other debits (specify)	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Debits_____	\$ _____	\$ _____	\$ _____	\$ _____
Balance End of Year_____	\$ <u>117,748</u>	\$ <u>-</u>	\$ _____	\$ <u>117,748</u>

UTILITY NAME: CWS Communities LP

YEAR OF REPORT DECEMBER 31, 2004
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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 _____	\$ 32,686	\$ _____
Changes during the year (Specify):		
Retained Earnings _____	#####	_____
Capital Contributions(Distributions) _____	_____	_____
_____	_____	_____
Balance end of year _____	\$ 22,361	\$ _____

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: CWS Communities LP

YEAR OF REPORT DECEMBER 31, 2004
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**TAXES 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 _____	_____	_____	_____	_____
Regulatory assessment fee _____	1,021	-	_____	1,021
Other (Specify) _____	_____	_____	_____	_____
Payroll Tax _____	290	_____	_____	290
Workers Comp _____	_____	_____	_____	_____
Total Taxes Accrued _____	\$ 1,311	\$ -	\$ _____	\$ 1,311

**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>Southeast Utilities, Inc.</u>	\$ 6,000.00	\$ _____	<u>Contract Plant Operator</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

UTILITY NAME: CWS Communities LP

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**CONTRIBUTIONS IN AID OF CONSTRUCTION ( 271 )**

(a)	Water (b)	Wastewater (c)	Total (d)
1) Balance first of year_____	\$ 47,775	\$ -	\$ 47,775
2) Add credits during year_____	\$ -	\$ -	\$ -
3) Total_____	47,775	-	47,775
4) Deduct charges during the year_____	-	-	-
5) Balance end of year_____	47,775	-	47,775
6) Less Accumulated Amortization_____	26,612	-	26,612
7) Net CIAC_____	\$ 21,163	\$ -	\$ 21,163

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

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)**

	Water	Wastewater	Total
Balance First of Year_____	\$ 25,265	\$ -	\$ 25,265
Add Credits During Year:_____	1,347	-	1,347
Deduct Debits During Year:_____	-	-	-
Balance End of Year (Must agree with line #6 above.)	\$ 26,612	\$ -	\$ 26,612

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

UTILITY NAME: CWS Communities LP

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**SCHEDULE "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	\$ _____	<u>100.00</u> %		_____ %

(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: _____



**WATER  
OPERATING  
SECTION**

UTILITY NAME: CWS Communities LP

YEAR OF REPORT DECEMBER 31, 2004
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**WATER UTILITY PLANT ACCOUNTS**

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_____	7,500			7,500
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_____	21,800			21,800
311	Pumping Equipment_____	22,500	-		22,500
320	Water Treatment Equipment_____	9,222	-		9,222
330	Distribution Reservoirs and Standpipes_____	14,507	-		14,507
331	Transmission and Distribution Lines_____	133,650			133,650
333	Services_____	-	-		-
334	Meters and Meter Installations_____	-	-		-
335	Hydrants_____	-			-
336	Backflow Prevention Devices_____	-			0
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_____	\$ 209,179	\$ -	\$ -	\$ 209,179

ANALYSIS OF ACCUMULATED DEPRECIATION BY PRIMARY ACCOUNT - WATER

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_____	27	_____ %	3.70%	11,437	_____	807	12,244
311	Pumping Equipment_____	32	_____ %	3.13%	12,881	_____	703	13,584
320	Water Treatment Equipment_____	27	_____ %	3.70%	3,848	_____	342	4,190
330	Distribution Reservoirs & Standpipes_____	27	_____ %	3.70%	6,874	_____	537	7,411
331	Trans. & Dist. Mains_____	33	_____ %	3.03%	76,269	_____	4,050	80,319
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_____				\$ 111,309	\$ _____	\$ 6,439	\$ 117,748 *

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

**WATER OPERATION AND MAINTENANCE EXPENSE**

Acct. No.	Account Name	Amount
601	Salaries and Wages - Employees_____	\$ \$ 3,796
603	Salaries and Wages - Officers, Directors, and Majority Stockholders_____	_____
604	Employee Pensions and Benefits_____	_____
610	Purchased Water_____	_____
615	Purchased Power_____	2,543
616	Fuel for Power Production_____	_____
618	Chemicals_____	1,179
620	Materials and Supplies_____	-
630	Contractual Services:	
	Billing_____	-
	Professional (Contract Ops & Annual Report/Legal)_____	9,583
	Testing_____	_____
	Other (Repair and Maintenance)_____	-
640	Rents_____	_____
650	Transportation Expense_____	_____
655	Insurance Expense_____	_____
665	Regulatory Commission Expenses (Amortized Rate Case Expense)_____	_____
670	Bad Debt Expense_____	_____
675	Miscellaneous Expenses_____	3,625
	Total Water Operation And Maintenance Expense_____	\$ 20,726 *

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

**WATER 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)	
<b>Residential Service</b>					
5/8"	D	1.0	_____	_____	_____
3/4"	D	1.5	_____	_____	_____
1"	D	2.5	_____	_____	_____
1 1/2"	D,T	5.0	_____	_____	_____
<b>General Service</b>					
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	_____	_____	143	143	143
Other (Specify)	_____	_____	_____	_____	_____
** D = Displacement C = Compound T = Turbine			<b>Total</b>	143	143





UTILITY NAME: \_\_\_\_\_ CWS Communities LP

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**WELLS AND WELL PUMPS**

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1985	1985	_____	_____
Types of Well Construction and Casing _____	Steel	Steel	_____	_____
_____	_____	_____	_____	_____
Depth of Wells _____	200	310	_____	_____
Diameters of Wells _____	4	6	_____	_____
Pump - GPM _____	30	45	_____	_____
Motor - HP _____	8	20	_____	_____
Motor Type * _____	_____	_____	_____	_____
Yields of Wells in GPD _____	45000	65000	_____	_____
Auxiliary Power _____	Generator	Generator	_____	_____
* Submersible, centrifugal, etc.				

**RESERVOIRS**

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Steel	_____	_____	_____
Capacity of Tank _____	5,000	_____	_____	_____
Ground or Elevated _____	Hydro	_____	_____	_____

**HIGH SERVICE PUMPING**

(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: \_\_\_\_\_ CWS Communities LP

YEAR OF REPORT DECEMBER 31 2004
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**SOURCE OF SUPPLY**

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

**WATER TREATMENT FACILITIES**

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_____	_____	_____	_____

**GENERAL WATER SYSTEM INFORMATION**

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

1. Present ERC's \* the system can efficiently serve. 286
2. Maximum number of ERC's \* which can be served. 286
3. Present system connection capacity (in ERCs \*) using existing lines. 242
4. Future connection capacity (in ERCs \*) upon service area buildout. 242
5. Estimated annual increase in ERCs \*. None
6. Is the utility required to have fire flow capacity? Yes  
 If so, how much capacity is required? 500 GPM
7. Attach a description of the fire fighting facilities. Ten Hydrants
8. Describe any plans and estimated completion dates for any enlargements or improvements of th N/A  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
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 # PWS No.
12. Water Management District Consumptive Use Permit # 2659 issued Dec 18, 1996
  - a. Is the system in compliance with the requirements of the CUP? Yes
  - 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: CWS Communities LP

YEAR OF REPORT DECEMBER 31, 2004
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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_____	_____	_____	_____	-
355	Power Generation Equipment_____	_____	_____	_____	-
360	Collection Sewers - Force_____	_____	_____	_____	-
361	Collection Sewers - Gravity_____	_____	_____	_____	-
362	Special Collecting Structures-Manholes_____	_____	_____	_____	-
363	Services to Customers_____	_____	_____	_____	-
364	Flow Measuring Devices_____	_____	_____	_____	-
365	Flow Measuring Installations_____	_____	_____	_____	_____
370	Receiving Wells_____	_____	_____	_____	-
371	Pumping Equipment_____	_____	_____	_____	-
380	Treatment and Disposal Equipment_____	_____	_____	_____	-
381	Plant Sewers_____	_____	_____	_____	_____
382	Outfall Sewer Lines_____	_____	_____	_____	_____
389	Other Plant and Miscellaneous Equipment_____	_____	_____	_____	-
390	Office Furniture and Equipment_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
398	Other Tangible Plant_____	_____	_____	_____	_____
	Total Wastewater Plant_____	\$ _____ -	\$ _____ -	\$ _____ 0	\$ _____ - *

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

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		%		\$	\$	\$ -	\$ -
355	Power Generation Equipment		%					
360	Collection Sewers - Force		%					
361	Collection Sewers - Gravity		%					
362	Special Collecting Structures		%					
363	Services to Customers		%					
364	Flow Measuring Devices							
365	Flow Measuring Installations		%					
370	Receiving Wells							
371	Pumping Equipment		%					
380	Treatment and Disposal Equipment		%					
381	Plant Sewers		%					
382	Outfall Sewer Lines		%					
389	Other Plant and Miscellaneous Equipment							
390	Office Furniture and Equipment		%		-			
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		%					
398	Other Tangible Plant		%					
	Totals				\$ -	\$ -	\$ -	\$ - *

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

UTILITY NAME:      CWS Communities LP

YEAR OF REPORT DECEMBER 31, 2004
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**WASTEWATER OPERATION AND MAINTENANCE EXPENSE**

Acct. No.	Account Name	Amount
701	Salaries and Wages - Employees_____	\$ _____
703	Salaries and Wages - Officers, Directors, and Majority Stockholders_____	_____
704	Employee Pensions and Benefits_____	_____
710	Purchased Wastewater Treatment_____	_____
711	Sludge Removal Expense_____	_____
715	Purchased Power_____	_____
716	Fuel for Power Production_____	_____
718	Chemicals_____	_____
720	Materials and Supplies_____	_____
730	Contractual Services:	
	Billing_____	_____
	Professional (Contract Ops & Annual Report/Legal)_____	_____
	Testing_____	_____
	Other (Repair and Maintenance)_____	_____
740	Rents_____	_____
750	Transportation Expense_____	_____
755	Insurance Expense_____	_____
765	Regulatory Commission Expenses (Amortized Rate Case Expense)_____	_____
770	Bad Debt Expense_____	_____
775	Miscellaneous Expenses_____	_____
	Total Wastewater Operation And Maintenance Expense_____	\$ _____ *

\* 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	D	1.0	_____	_____	_____
All meter sizes			_____	_____	_____
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	0	0

Note: Number of General Service connections corrected from last years report to reflect as water only accounts.



**PUMPING EQUIPMENT**

Lift Station Number_____	_____	_____	_____	_____	_____	_____
Make or Type and nameplate data on pump_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Year installed_____	_____	_____	_____	_____	_____	_____
Rated capacity_____	_____	_____	_____	_____	_____	_____
Size_____	_____	_____	_____	_____	_____	_____
Power:						
Electric_____	_____	_____	_____	_____	_____	_____
Mechanical_____	_____	_____	_____	_____	_____	_____
Nameplate data of motor_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**SERVICE CONNECTIONS**

Size (inches)_____	_____	_____	_____	_____	_____	_____
Type (PVC, VCP, etc.)_____	_____	_____	_____	_____	_____	_____
Average length_____	_____	_____	_____	_____	_____	_____
Number of active service connections_____	_____	_____	_____	_____	_____	_____
Beginning of year_____	_____	_____	_____	_____	_____	_____
Added during year_____	_____	_____	_____	_____	_____	_____
Retired during year_____	_____	_____	_____	_____	_____	_____
End of year_____	_____	_____	_____	_____	_____	_____
Give full particulars concerning inactive connections_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**COLLECTING AND FORCE MAINS**

	Collecting Mains				Force Mains			
Size (inches)_____	_____	_____	_____	_____	_____	_____	_____	_____
Type of main_____	_____	_____	_____	_____	_____	_____	_____	_____
Length of main (nearest foot)	_____	_____	_____	_____	_____	_____	_____	_____
Beginning of year	_____	_____	_____	_____	_____	_____	_____	_____
Added during year	_____	_____	_____	_____	_____	_____	_____	_____
Retired during year	_____	_____	_____	_____	_____	_____	_____	_____
End of year	_____	_____	_____	_____	_____	_____	_____	_____

**MANHOLES**

Size (inches)_____	_____	_____	_____	_____
Type of Manhole_____	_____	_____	_____	_____
Number of Manholes:				
Beginning of year_____	_____	_____	_____	_____
Added during year_____	_____	_____	_____	_____
Retired during year_____	_____	_____	_____	_____
End of Year_____	_____	_____	_____	_____

UTILITY NAME:

CWS Communities LP

YEAR OF REPORT DECEMBER 31, 2004
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**TREATMENT PLANT**

Manufacturer _____ Type _____ "Steel" or "Concrete" _____ Total Permitted Capacity _____ Average Daily Flow _____ Method of Effluent Disposal _____ Permitted Capacity of Disposal _____ Total Gallons of Wastewater treated _____	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
---	---	---	---

**MASTER LIFT STATION PUMPS**

Manufacturer _____ Capacity (GPM's) _____ Motor: Manufacturer _____ Horsepower _____ Power (Electric or Mechanical) _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
--	---	---	---	---	---	---

**PUMPING WASTEWATER STATISTICS**

Months	Gallons of Treated Wastewater	Effluent Reuse Gallons to Customers	Effluent Gallons Disposed of on site
January _____	_____	_____	All _____
February _____	_____	_____	All _____
March _____	_____	_____	All _____
April _____	_____	_____	All _____
May _____	_____	_____	All _____
June _____	_____	_____	All _____
July _____	_____	_____	All _____
August _____	_____	_____	All _____
September _____	_____	_____	All _____
October _____	_____	_____	All _____
November _____	_____	_____	All _____
December _____	_____	_____	All _____
Total for year _____	_____	_____	_____

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

\_\_\_\_\_

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.
- 2. Maximum 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. Describe any plans and estimated completion dates for any enlargements or improvements of this system

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

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.

8. If the utility does not engage in reuse, has a reuse feasibility study b

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?

11. 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? \_\_\_\_\_

12. Department of Environmental Protection ID

\* 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).

# 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. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	_____ (signature of chief executive officer of the utility) *
1. <input checked="" type="checkbox"/>	2. <input checked="" type="checkbox"/>	3. <input checked="" type="checkbox"/>	4. <input checked="" 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.