

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

The undersigned hereby makes application for the sale,  
*Community Water Co-op. Inc.'s water facilities to*  
assignment or transfer of (all or part) of Water Certificate No.  
*held by Sunshine Utilities of Central Florida, Inc.,*  
363-W and/or Wastewater Certificate No. \_\_\_\_\_ or facilities in  
Marion County, Florida, and submits

the following information:

PART I APPLICANT INFORMATION

A) The full name (as it appears on the certificate), address  
and telephone number of the applicant:

Sunshine Utilities of Central FL, Inc.  
Name of utility

( 352 ) 347-8228 ( 352 ) 347-6915  
Phone No. Fax No.

10230 E Highway 25  
Office street address

Belleview FL 34420  
City State Zip Code

\_\_\_\_\_  
Mailing address if different from street address

\_\_\_\_\_  
Internet address if applicable

PSC/ECR 007 (Rev. 2/91)

*MAPS + Orig Tariff  
forwarded to ECR*

DOCUMENT NUMBER-DATE

03400 APR 14 8

FPSC-COMMISSION CLERK

B) The name, address and telephone number of the person to contact concerning this application:

Pamela Christmas ( 352) 347-8228  
Name Phone No.

SAME AS APPLICANT  
Street address

City State Zip Code

N.A.

The full name (as it will appear on the certificate), address and telephone number of the buyer:

Name of utility  
( ) ( )  
Phone No. Fax No.

Office street address  
City State Zip Code

Mailing address if different from street address

Internet address if applicable

D) Indicate the organizational character of the <sup>Seller</sup> ~~buyer~~: (circle one)

Corporation Partnership Sole Proprietorship

Other: \_\_\_\_\_  
(specify)

E) The date and state of incorporation or organization of the ~~buyer~~:

*Seller*

October 31, 1980

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F) If the ~~buyer~~ *Seller* is a corporation, list the names, titles, and addresses of corporate officers and directors. (Use additional sheet if necessary).

Exhibit 1

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G) If the ~~buyer~~ *Seller* 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

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**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 transfer its exempt systems to a regulated utility.*

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

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

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

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.



Jeb Bush  
Governor

## 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 19<sup>th</sup> 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 12<sup>th</sup>, 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 cannot 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 on recycled paper.

REDACTED

Department of the Treasury Internal Revenue Service

Form 1120S U.S. Income Tax Return for an S Corporation 2001

OMB No. 1545-0130 IRS use only - Do not write or staple in this space

- Do not file this form unless the corporation has timely filed Form 2553 to elect to be an S corporation. See separate instructions.

For calendar year 2001, or tax year beginning, 2001, and ending, 20

Header section containing: A Effective Date of Election as an S Corporation (01/02/89), B Business Code No. (221300), C Employer Identification Number (59-2938319), D Date Incorporated (01/02/89), E Total Assets (\$ 1,793,272), Name (SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.), Address (10230 EAST HIGHWAY 25, BELLEVIEW, FL 34420)

F Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return. G Enter number of shareholders in the corporation at end of the tax year: 2

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Main table with columns for Income (1a-6), Deductions (7-21), and Tax Payments (22-27). Includes a 'TAXPAYERS COPY' stamp over lines 15-21.

Sign Here section: 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.

Paid Preparer's Use Only section: Preparer's Signature (Daniel J. Collier PA), Date (03/13/02), Firm's Name (Daniel J. Collier PA), Address (1111 NE 25th Ave. Ste. 204, Ocala, FL 34470), EIN (59-3017166), Phone No. ((352) 732-5611)

**Schedule A Cost of Goods Sold** (see instructions)

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional Section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	

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) \_\_\_\_\_

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 9d \_\_\_\_\_

e Do the rules of Section 263A (for property produced or acquired for resale) apply to the corporation?  Yes  No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation  Yes  No

**Schedule B Other Information**

		Yes	No
1	Check method of accounting: (a) <input type="checkbox"/> Cash (b) <input checked="" type="checkbox"/> Accrual (c) <input type="checkbox"/> Other (specify) _____		
2	Refer to the list in the instructions and state the corporation's principal: (a) Business activity <u>UTILITY</u> (b) Product or service <u>WATER</u>		
3	Did the corporation at the end of the tax year own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see Section 267(c).) If 'Yes,' attach a schedule showing: (a) name, address, and employer identification number and (b) percentage owned		X
4	Was the corporation a member of a controlled group subject to the provisions of Section 1561?		X
5	Check this box if the corporation has filed or is required to file Form 8264, Application for Registration of a Tax Shelter <input type="checkbox"/>		
6	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. <input type="checkbox"/>		
7	If the corporation: (a) filed its election to be an S corporation after 1986, (b) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation, and (c) has net unrealized built-in gain (defined in Section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) <input type="checkbox"/> \$ _____		
8	Check this box if the corporation had accumulated earnings and profits at the close of the tax year (see instructions) <input type="checkbox"/>		

Note: If the corporation had assets or operated a business in a foreign country or U.S. possession, it may be required to attach Schedule N (Form 1120), Foreign Operations of U.S. Corporations, to this return. See Schedule N for details.

**Schedule K Shareholders' Shares of Income, Credits, Deductions, etc**

		(a) Pro rata share items	(b) Total amount
I N C O M E  (L O S S)	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	3a
		b Expenses from other rental activities (attach schedule)	3b
		c Net income (loss) from other rental activities. Subtract line 3b from line 3a	3c
	4	Portfolio income (loss):	
		a Interest income	4a
		b Ordinary dividends	4b 2,791.
		c Royalty income	4c
		d Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	4d
	e (1) Net long-term capital gain (loss) (attach Schedule D (Form 1120S)); (2) 28% rate gain (loss) (3) Qualified 5-year gain	4e (1)	
	f Other portfolio income (loss) (attach schedule)	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	



**Schedule K Shareholders' Shares of Income, Credits, Deductions, etc (continued)**

	(a) Pro rata share items	(b) Total amount	
Deductions	7 Charitable contributions (attach schedule)	7	
	8 Section 179 expense deduction (attach Form 4562)	8 24,000.	
	9 Deductions related to portfolio income (loss) (itemize)	9	
	10 Other deductions (attach schedule) OFFICER HEALTH INSURANCE	10 6,932.	
Investment Interest	11a Interest expense on investment debts	11a	
	b (1) Investment income included on lines 4a, 4b, 4c, and 4f above	11b (1) 2,791.	
	(2) Investment expenses included on line 9 above	11b (2)	
Credits	12a Credit for alcohol used as a fuel (attach Form 6478)	12a	
	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	13	
	Adjustments and Tax Preference Items	14a Depreciation adjustment on property placed in service after 1986	14a 17,424.
		b Adjusted gain or loss	14b
c Depletion (other than oil and gas)		14c	
d (1) Gross income from oil, gas, or geothermal properties		14d (1)	
(2) Deductions allocable to oil, gas, or geothermal properties		14d (2)	
e Other adjustments and tax preference items (attach schedule)		14e	
Foreign Taxes	15a Name of foreign country or U.S. possession		
	b Gross income from all sources	15b	
	c Gross income sourced at shareholder level	15c	
	d Foreign gross income sourced at corporate level:		
	(1) Passive	15d (1)	
	(2) Listed categories (attach schedule)	15d (2)	
	(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): <input type="checkbox"/> Paid <input type="checkbox"/> 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.	
	21 Other items and amounts required to be reported separately to shareholders (attach schedule).		
	22 Total dividend distributions paid from accumulated earnings and profits	22 0.	
23 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	23 -8,875.		

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
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) Ln. 6 St.		416		443
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach schedule)				
10a	Buildings and other depreciable assets	2,090,814		2,135,959	
b	Less accumulated depreciation	965,883	1,124,931	1,010,230	1,125,729
11a	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
<b>Liabilities and Shareholders' Equity</b>					
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) Ln. 18 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		85,705		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 (Loss) per Books with Income (Loss) per Return** (You are not required to complete this schedule if the total assets on line 15, column (d), of Schedule L are less than \$25,000.)

1	Net income (loss) per books	34,825	5	Income recorded on books this year not included on Schedule K, lines 1 through 6 (itemize):	
2	Income included on Schedule K, lines 1 through 6, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
				See Sch M-1, Line 5	364
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 11a, 15g, and 16b (itemize):		6	Deductions included on Schedule K, lines 1 through 11a, 15g, and 16b, not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	40,014
b	Travel and entertainment \$			See Sch M-1, Line 6	3,322
4	Add lines 1 through 3	34,825	7	Add lines 5 and 6	43,336
			8	Income (loss) (Schedule K, Ln 23), Ln 4 less Ln 7	-8,875

**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' undistributed taxable income previously taxed
1	Balance at beginning of tax year	-78,004	0
2	Ordinary income from page 1, line 21	21,920	
3	Other additions See Schedule M-2, Other Additions	2,791	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
7	Distributions other than dividend distributions	0	364
8	Balance at end of tax year. Subtract line 7 from line 6	-86,879	0

- B) List the names and locations of other water and/or wastewater utilities owned by the buyer and PSC certificate numbers, if any.

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Sunshine Utilities of Central FL, Inc.

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Incorporated into one Certificate No. 363-W

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- 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 4 - A statement regarding the disposition of any outstanding regulatory assessment fees, fines or refunds owed. *This will be for the buyer, only.*

- E) Exhibit 5 - 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.

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

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.
- 2) 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 take 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 contracts; no developer agreements; no debt of the utility and no leases.

# AGREEMENT

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.

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 own 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 1 day of NOV, 2002.

SUNSHINE UTILITIES OF CENTRAL  
FLORIDA, INC.

COMMUNITY WATER CO-OP

By: James H. Hodges  
JAMES HODGES, President  
10230 E. Hwy. 25  
Bellevue, FL 34420  
352-347-8228

By: Gene Eugene Brown  
GENE BROWN, President  
18625 SE 19th Street  
Silver Springs, FL 34488  
352-625-4416

FAZCLIENTS\HODGES.COM\SLW

witness - [Signature]

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

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



- G) Exhibit 7 - The proposed net book value of the system as of the date of the proposed transfer. ~~If rate base (or net book value) has been established previously by this Commission, state the Order No. and date issued. \_\_\_\_\_ Identify all adjustments made to update this rate base (or net book value) to the date of the proposed transfer.~~
- H) Exhibit 8 - A statement setting forth the reasons for the inclusion of an acquisition adjustment, if one is requested. (An acquisition adjustment results when the purchase price of the utility differs from the original cost calculation.)
- I) The full name, address and telephone number of the person who has possession of the books and records of the seller:
- See Attached \_\_\_\_\_ ( )
- Name \_\_\_\_\_ Phone No. \_\_\_\_\_
- \_\_\_\_\_
- Street address \_\_\_\_\_
- \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- J) Exhibit N/A - If the books and records of the seller are not available for inspection by the Commission or are not adequate for purposes of establishing the net book value of the system, a statement by the buyer that a good faith, extensive effort has been made to obtain such books and records for inspection by the Commission and detailing the steps taken to obtain the books and records.
- K) Exhibit 9 - A statement from the buyer that is has obtained or will obtain copies of all of the federal income tax returns of the seller from the date the utility was first established, or rate base was last established by the Commission or, if the tax returns have not been obtained, a statement from the buyer detailing the steps taken to obtain the returns.
- L) Exhibit 10 - A statement from the buyer that after reasonable investigation, the system being acquired appears to be in satisfactory condition and in compliance with all applicable standards set by the Department of Environmental Protection (DEP).

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

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 19<sup>th</sup> Street  
Silver Springs, FL 34488

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

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

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.

**U.S. Income Tax Return  
for Homeowners Associations**

**2001**

Department of the Treasury  
Internal Revenue Service

For calendar year 2001 or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<b>Use IRS label.</b>	Name <b>COMMUNITY WATER CO-OP INC</b>	Employer identification number (see page 4) <b>59-3247034</b>
<b>Otherwise, please print or type.</b>	Number, street, and room or suite no. (If a P.O. box, see page 4.) <b>PO BOX 1107</b>	Date association formed <b>12/19/1991</b>
	City or town, State ZIP code <b>SILVER SPRINGS FL 34489</b>	

Check if: (1)  Final return (2)  Name change (3)  Address change (4)  Amended return

A Check type of homeowners association:  Condominium management association  Residential real estate association  Timeshare association

B Total exempt function income. Must meet 60% gross income test (see instructions)	B	27,126
C Total expenditures made for purposes described in 90% expenditure test (see instructions)	C	24,210
D Association's total expenditures for the tax year (see instructions)	D	24,626
E Tax-exempt interest received or accrued during the tax year	E	

**Gross Income (excluding exempt function income)**

1 Dividends	1	
2 Taxable interest	2	1,242
3 Gross rents	3	
4 Gross royalties	4	
5 Capital gain net income (attach Schedule D (Form 1120))	5	0
6 Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)	6	0
7 Other income (excluding exempt function income) (attach schedule)	7	0
8 Gross income (excluding exempt function income). Add lines 1 through 7	8	1,242

**Deductions (directly connected to the production of gross income, excluding exempt function income)**

9 Salaries and wages	9	
10 Repairs and maintenance	10	
11 Rents	11	
12 Taxes and licenses	12	
13 Interest	13	
14 Depreciation (attach Form 4562)	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	1,242
18 Specific deduction of \$100	18	100

**Tax and Payments**

19 Taxable income. Subtract line 18 from line 17	19	1,142
20 Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	20	343
21 Tax credits (see instructions)	21	0
22 Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22	343
<b>23 Payments:</b>		
a 2000 overpayment credited to 2001	23a	
b 2001 estimated tax payments	23b	
c Total	23c	0
d Tax deposited with Form 7004	23d	0
e Credit for tax paid on undistributed capital gains (attach Form 2439)	23e	
f Credit for Federal tax on fuels (attach Form 4136)	23f	0
g Add lines 23c through 23f	23g	0
24 Tax due. Subtract line 23g from line 22. See instructions for depository method of tax payment	24	343
25 Overpayment. Subtract line 22 from line 23g	25	0
26 Enter amount of line 25 you want: Credited to 2002 estimated tax Refunded	26	0

**Sign Here**

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.

Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------	------	-------	--

<b>Paid Preparer's Use Only</b>	Preparer's signature <i>J A Kienyer</i>	Date 2/28/2002	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN P00038944
	Firm's name (or yours if self-employed), address, and ZIP code H & R BLOCK PREMIUM 2510 SE 17TH ST OCALA FL 34471	EIN 43-1632899	Phone no. 352-622-3365	



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

ATX1 DR-601C  
R. 01/02

Name COMMUNITY WATER CO-OP INC  
Address PO BOX 1107  
Address  
City/State/ZIP SILVER SPRINGS, FL 34489

FEIN 59-3247034 Filing Status 0 Amended Return 0  
Address Changes 0 Bank/Trust 00  
8205000301023015035932470343

DOR Use Only / /

59-3247034	0	0	0
0 0	0	0	0
0	0	0	0
0	0	0	0
00	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

1. Accounts Receivable (See Instructions, Page 6) . . . . .
2. Loans and Notes Receivable (From Schedule B, Line 14) . . . . . 0.00
3. Bonds (From Schedule C, Line 15) . . . . . 0.00
4. Stocks, Mutuals, Money Market Funds, Limited Partnership  
Interests, and Beneficial Interest in Any Trust (From Schedule D, Line 16) . . . . . 0.00
5. As Agent for Stockholders (From Schedule E, Line 17) Do not enter negative value . . . . . 0.00
6. Total Taxable Intangible Assets (Total of Lines 1 through 5)  
Also enter on Line 1 of Tax Calculation Worksheet (on back) . . . . . 0.00
7. 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
8. Credits (From Tax Credit Worksheet, Line C) . . . . . 0.00
9. Total Tax Due (Subtract Line 8 from Line 7) . . . . . 0.00
10. Discount (Jan. or Feb. - 4%; March - 3%; April - 2%; May - 1%; June - 0%; if postmarked on or before  
the last day of the discount period. The discount period is not extended when ending on a Saturday, Sunday,  
or federal or state holiday. See Instructions, Page 7) . . . . . 0.00
11. Penalty and Interest (See Instructions, Page 7) . . . . . 0.00
12. Voluntary Election Campaign Contribution (\$5 - See Instructions, Page 7) . . . . .
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 <i>H.R. Block J.A. Klingler</i>	Date 02/28/2002	Preparer's SSN or FEIN or PTIN DEFLT	

Payment Coupon 2002 Florida Intangible Tax **Do Not Detach** ATX1 DR-601C  
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 funds electronically  
PO BOX 1107  ◀ Check here if you do not want the Department to send you a form next year. (\*see back of coupon)  
SILVER SPRINGS, FL 34489

Make Check Payable and Mail To:  
FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE ST  
TALLAHASSEE FL 32399-0140

59-3247034	0	0	0
0 0	0	0	0
0	0	0	0
0	0	0	0
00	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

### Important Information Requested

NAME: COMMUNITY WATER CO-OP INC FEIN: 59-3247034

1. If this is your first time filing an Intangible Tax Return, please complete the following:

Date of incorporation 12/19/1991  
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

**Filing Status**  
 Fiduciary  Final Return  
 Affiliated Group of Corporations  Information Return Only  
 (Must Submit List, See Page 10) (Filed Under  
 Partnership SSN                                     )  
 Corporation  Trustee

3. If your name/mailling 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                                     

Tax Calculation Worksheet	
1. Enter Total Taxable Intangible Assets from Schedule A, Line 6	\$ 0.00
2. Multiply by Tax Rate	x .001
3. Tax Due Carry Amount to Schedule A, Line 7	\$ 0.00

Tax Credit Worksheet (see Instructions, Page 6)	
A. Intangible Tax Paid to Another State (see Instructions). Identify State:	A. <u>                    </u>
B. Cleanup of Contaminated Dry-Cleaning/ Brownfield Sites (if credit not taken on F-1120)	B. <u>                    </u>
C. Total Credit (Line A plus Line B) Enter on Schedule A, Line 8	C. 0.00

# 601-C

### 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)

- 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, Schedule E. May use alternate method of filing if Tax Due is less than \$60, Page 12.
- We hereby certify this corporation has no Florida stockholders. May use alternate method of filing, Page 12.

**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)  
**Mail to:** FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE ST  
TALLAHASSEE FL 32399-0140

For calendar year 2000 or tax year beginning

, 2000, and ending

, 20

<b>Use IRS label. Other- wise, please print or type.</b>	Name <b>COMMUNITY WATER CO-OP INC</b>	Employer identification number (see instructions) <b>59-3247034</b>
	Number, street, and room or suite no. (If a P.O. box, see instructions.) <b>PO BOX 1107</b>	Date association formed <b>12/19/1991</b>
	City or town, state, and ZIP code <b>SILVER SPRINGS, FL 34489</b>	

Check if: (1) Final return (2) Change of address (3) Amended return

<b>A</b> Check type of homeowners association:	<input type="checkbox"/> Condominium management association <input checked="" type="checkbox"/> Residential real estate association <input type="checkbox"/> Timeshare association	
<b>B</b> Total exempt function income. Must meet 60% gross income test (see instructions)	<b>B</b>	26,841.
<b>C</b> Total expenditures made for purposes described in 90% expenditure test (see instructions)	<b>C</b>	24,859.
<b>D</b> Association's total expenditures for the tax year (see instructions)	<b>D</b>	25,087.
<b>E</b> Tax-exempt interest received or accrued during the tax year	<b>E</b>	

**Gross Income** (excluding exempt function income)

<b>1</b> Dividends	<b>1</b>	
<b>2</b> Taxable interest	<b>2</b>	1,486.
<b>3</b> Gross rents	<b>3</b>	
<b>4</b> Gross royalties	<b>4</b>	
<b>5</b> Capital gain net income (attach Schedule D (Form 1120))	<b>5</b>	
<b>6</b> Net gain (or loss) from Form 4797, Part II, line 18 (attach Form 4797)	<b>6</b>	
<b>7</b> Other income (excluding exempt function income) (attach schedule)	<b>7</b>	
<b>8</b> <b>Gross Income</b> (excluding exempt function income). Add lines 1 through 7	<b>8</b>	1,486.

**Deductions** (directly connected to the production of gross income, excluding exempt function income)

<b>9</b> Salaries and wages	<b>9</b>	
<b>10</b> Repairs and maintenance	<b>10</b>	
<b>11</b> Rents	<b>11</b>	
<b>12</b> Taxes and licenses	<b>12</b>	
<b>13</b> Interest	<b>13</b>	
<b>14</b> Depreciation (attach Form 4562)	<b>14</b>	
<b>15</b> Other deductions (attach schedule)	<b>15</b>	
<b>16</b> <b>Total deductions.</b> Add lines 9 through 15	<b>16</b>	
<b>17</b> Taxable income before specific deduction of \$100. Subtract line 16 from line 8	<b>17</b>	1,486.
<b>18</b> Specific deduction of \$100	<b>18</b>	\$100.00

**Tax and Payments**

<b>19</b> <b>Taxable income.</b> Subtract line 18 from line 17	<b>19</b>	1,386.
<b>20</b> Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	<b>20</b>	416.
<b>21</b> Tax credits (see instructions)	<b>21</b>	
<b>22</b> <b>Total tax.</b> Subtract line 21 from line 20. See instructions for recapture of certain credits	<b>22</b>	416.
<b>23</b> <b>Payments:</b> a <sup>1999 overpayment</sup> credited to 2000	<b>23a</b>	
b 2000 estimated tax pymts.	<b>23b</b>	
<b>c Total</b>	<b>23c</b>	
d Tax deposited with Form 7004	<b>23d</b>	
e Credit for tax paid on undistributed capital gains (attach Form 2439)	<b>23e</b>	
f Credit for Federal tax on fuels (attach Form 4136)	<b>23f</b>	
<b>g</b> Add lines 23c through 23f	<b>23g</b>	
<b>24</b> <b>Tax due.</b> Subtract line 23g from line 22. See instructions for depository method of tax payment	<b>24</b>	416.
<b>25</b> <b>Overpayment.</b> Subtract line 22 from line 23g	<b>25</b>	
<b>26</b> Enter amount of line 25 you want: <b>Credited to 2001 estimated tax</b>	<b>26</b>	

<b>Sign Here</b>	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.		
	Signature of officer <i>[Signature]</i>	Date 02/28/2001	Title <b>SECRETARY-TREASURER</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature <i>[Signature]</i>	Date 02/28/2001	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) <b>H &amp; R) BLOCK PREMIUM</b>	EIN <b>43-1632899</b>	Preparer's SSN or PTIN <b>P00038944</b>
	address, and ZIP code <b>2337 E Silver Springs Blvd Ocala, FL 34470</b>	Phone no. <b>(352) 622-3365</b>	

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.
	=====



Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach this form to your return.

Name(s) shown on return COMMUNITY WATER CO-OP INC

Business or activity to which this form relates Form 1120-H Line 14

Identifying number 59-3247034

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

Table with 5 main rows for Section 179 election. Line 1: \$20,000; Line 3: \$200,000; Line 5: 20,000. Includes sub-table for property descriptions (lines 6-13).

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.

Part II 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 general asset accounts, check this box. See the instructions

Section B -- General Depreciation System (GDS) (See the instructions.)

Table for Section B: General Depreciation System (GDS). Columns: (a) Classification, (b) Month and year placed in service, (c) Basis for depr., (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C -- Alternative Depreciation System (ADS) (See the instructions.)

Table for Section C: Alternative Depreciation System (ADS). Columns: (a) Class life, (b) 12-year, (c) 40-year, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Part III Other Depreciation (Do not include listed property.) (See the instructions.)

Table for Part III: Other Depreciation. Line 17: 921; Line 19: 1,132.

Part IV Summary (See the instructions.)

Table for Part IV: Summary. Line 21: 2,053; Line 22: 22.

For Paperwork Reduction Act Notice, see the instructions.

Supplemental Schedules  
 Company: COMMUNITY WATER CO-OP INC

2000  
 EIN: 59-3247034

Form 4562 Asset Listing, Form 1120-H Line 14

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

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	DIFFERENCE
Gross receipts or sales . . . . .	0.	0.	0.
Less returns and allowances . . . . .	0.	0.	0.
Balance . . . . .	0.	0.	0.
Cost of goods sold . . . . .	0.	0.	0.
Gross profit . . . . .	0.	0.	0.
Dividends . . . . .	0.	0.	0.
Interest . . . . .	1,486.	861.	625.
Gross rents . . . . .	0.	0.	0.
Gross royalties . . . . .	0.	0.	0.
Capital gain net income . . . . .	0.	0.	0.
Net Form 4797 gain/(loss) . . . . .	0.	0.	0.
Other income . . . . .	0.	0.	0.
<b>TOTAL INCOME</b> . . . . .	<b>1,486.</b>	<b>861.</b>	<b>625.</b>
<b>DEDUCTIONS</b>			
Compensation of officers . . . . .	0.	0.	0.
Salaries and wages . . . . .	0.	0.	0.
Repairs and maintenance . . . . .	0.	0.	0.
Bad debts . . . . .	0.	0.	0.
Rents . . . . .	0.	0.	0.
Taxes and licenses . . . . .	0.	0.	0.
Interest . . . . .	0.	0.	0.
Charitable contributions . . . . .	0.	0.	0.
Depreciation . . . . .	0.	0.	0.
Depletion . . . . .	0.	0.	0.
Advertising . . . . .	0.	0.	0.
Pension, profit-sharing, etc., plans . . . . .	0.	0.	0.
Employee benefit programs . . . . .	0.	0.	0.
Other deductions . . . . .	0.	0.	0.
<b>TOTAL DEDUCTIONS</b> . . . . .	<b>0.</b>	<b>0.</b>	<b>0.</b>
Taxable income before net operating loss . . . . .	1,486.	861.	625.
Net operating loss deduction . . . . .	0.	0.	0.
Special deductions . . . . .	100.	100.	0.
<b>TAXABLE INCOME</b> . . . . .	<b>1,386.</b>	<b>761.</b>	<b>625.</b>

# 1999 - 2000 TAX SUMMARY

Company: COMMUNITY WATER CO-OP INC

EIN: 59-3247034

Page 2

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



2001 Florida Intangible Personal Property Tax Return for Corporation, Partnership, and Fiduciary Filers as of January 1, 2001

TASC

NTF9 DR-601C R. 01/01

FEIN 59-3247034

Address Changes

Amended Return

Bank/S & L

Charitable Trust

Filing Status:  Corporation

Partnership

Name COMMUNITY WATER CO-OP INC

Fiduciary

Affiliated Group

Address PO BOX 1107

Address

City/State/Zip SILVER SPRINGS, FL 34489

8149000301013015035932470343

DOR Use Only / /

593247034	0	0	0
00000000	0	0	0
0	0	0	0
5	0	0	0
00	0	0	0
0	0	0	0
			0

- 1. Accounts Receivable ..... 0.00
- 2. Loans and Notes Receivable (From Schedule B, Line 17) ..... 0.00
- 3. Bonds (From Schedule C, Line 18) ..... 0.00
- 4. Stocks, Mutuals, Money Market Funds, Limited Partnership Interests, and Beneficial Interest in Any Trust (From Schedule D, Line 19) .. 0.00
- 5. As Agent for Stockholders (From Schedule E, Line 20.) Do not enter negative value ..... 0.00
- 6. Total Taxable Intangible Assets (Total of Lines 1 through 5) ..... 0.00
- 7. Tax Due (Multiply Line 6 X .001) If Line 7 is less than \$60, no payment is due ..... 0.00
- 8. Credits (From Tax Credit Worksheet, Line 14) ..... 0.00
- 9. Total Tax Due (Subtract Line 8 from Line 7) ..... 0.00
- 10. Discount (Jan. or Feb. - 4%; March - 3%; April - 2%; May - 1%; June - 0%; if postmarked on or before the last day of the discount period. The discount period is not extended when ending on a Saturday, Sunday, or federal or state holiday. See Instructions.) ..... 0.00
- 11. Penalty and Interest (See Instructions.) ..... 0.00
- 12. Voluntary Election Campaign Contribution (\$5.00 -- See Instructions.) ..... 0.00
- 13a. Total Due ..... 0.00
- 13b. Less Amount Paid with Extension ..... 0.00
- 13c. Total Due (Line 13a less Line 13b; U.S. Funds only). The total due cannot be a negative number. 0.00

An Application for Refund is required for all overpayments.

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	(352) 625-1085 Telephone No.	TASC
Signature of Individual or Firm Preparing the Return <i>H E R Block</i>	<i>02/28/2001</i>		Preparer's SSN or FEIN or PTIN 43-1632899

Payment Coupon 2001 Florida Intangible Tax Do Not Detach 0 FL601C1 NTF 33013 NTF9 DR-601C R. 01/01

Return and Payment must be postmarked no later than June 30, 2001 to avoid Penalty and Interest.

Enter correct name, address, and FEIN below, if not pre-addressed:

Name COMMUNITY WATER CO-OP INC

Address PO BOX 1107

Address

City/State/Zip SILVER SPRINGS, FL 34489

Check here if you transmitted funds electronically

Check here if you do not want the Department to send you a form next year.

Make Check Payable and Mail To: FLORIDA DEPARTMENT OF REVENUE 5050 W TENNESSEE ST TALLAHASSEE FL 32399-0140

593247034	0	0	0
00000000	0	0	0
0	0	0	0
5	0	0	0
00	0	0	0
0	0	0	0
			0

8149 00030101 301503 5932470343

### Important Information Requested

1. If this is your first time filing an Intangible Tax Return, please complete the following:

Date of incorporation . . . . .

Month Day Year  
Example: 06 10 2000

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:

#### Filing Status

- Fiduciary
- Affiliated Group of Corporations (Must Submit List, See Instructions)
- Partnership
- Corporation
- Final Return
- Information Return Only (Filed Under SSN \_\_\_\_\_)
- Trustee

\_\_\_\_\_  
Previous FEIN                      New FEIN

3. 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 \_\_\_\_\_

Tax Credit Worksheet (see Instructions)		
A.	Intangible Tax Paid to Another State (see Instructions). Identify State:	A.
B.	Cleanup of Contaminated Dry-Cleaning/Brownfield Sites (if credit not taken on F-1120)	B.
14.	Total Credit (Line A plus Line B). Enter on Schedule A, Line 8	14.

### Information Notices

(If none of the boxes below are applicable, disregard this section.)

Check the appropriate box below: (see Information Notices in 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.
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. A copy of the value notice is included with this return.
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.
4.  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.].







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

REDACTED

ASSETS

**CURRENT ASSETS:**

112 AM-SOUTH # \$ 12,438.95  
113 AMSOUTH - CD 33,910.12

**TOTAL CURRENT ASSETS:** \$ 46,349.07

**FIXED ASSETS**

210 LAND/ROAD IMPROVEMENTS 20,000.00  
260 MACHINERY & EQUIPMENT 16,583.43  
280 ACCUMULATED DEPRECIATION (9,058.00)

**TOTAL FIXED ASSETS** 27,525.43

**TOTAL ASSETS** \$ 73,874.50

LIABILITIES & CAPITAL

**CURRENT LIABILITIES:**

430 PAYROLL TAXES PAYABLE \$ 26.95  
435 STATE UNEMPLOYMENT DUE (0.04)  
436 FEDERAL UNEMPLOYMENT DUE 36.52

**TOTAL CURRENT LIABILITIES:** \$ 63.43

**CAPITAL**

520 RETAINED EARNINGS 68,515.11  
570 CURRENT EARNINGS 5,295.96

**TOTAL CAPITAL** 73,811.07

**TOTAL LIABILITIES & CAPITAL** \$ 73,874.50



**U.S. Income Tax Return  
for Homeowners Associations**

**1999**

Department of the Treasury  
Internal Revenue Service

▶ For Paperwork Reduction Act Notice, see Instructions

For calendar year 1999 or tax year beginning \_\_\_\_\_, 1999, and ending \_\_\_\_\_

<b>Use IRS label. Otherwise, please print or type.</b>	Name <b>COMMUNITY WATER CO-OP INC</b>	Employer identification number (see instructions) <b>59-3247034</b>
	Number, street, and room or suite no. (If a P.O. box, see instructions) <b>PO BOX 1107</b>	Date association formed <b>12/19/91</b>
	City or town, state, and ZIP code <b>SILVER SPRINGS, FL 34489</b>	

Check if: (1)  Final return (2)  Change of address (3)  Amended return

<b>A</b> Check type of homeowners association:		<input type="checkbox"/> Condominium management association	<input checked="" type="checkbox"/> Residential real estate association	<input type="checkbox"/> Timeshare association
<b>B</b> Total exempt function income. Must meet 60% gross income test (see instructions)	<b>B</b>	27,738.		
<b>C</b> Total expenditures made for purposes described in 90% expenditure test (see instructions)	<b>C</b>	18,410.		
<b>D</b> Association's total expenditures for the tax year (see instructions)	<b>D</b>	18,798.		
<b>E</b> Tax-exempt interest received or accrued during the tax year	<b>E</b>			

**Gross Income** (excluding exempt function income)

<b>1</b> Dividends	<b>1</b>	
<b>2</b> Taxable interest	<b>2</b>	861.
<b>3</b> Gross rents	<b>3</b>	
<b>4</b> Gross royalties	<b>4</b>	
<b>5</b> Capital gain net income (attach Schedule D (Form 1120))	<b>5</b>	
<b>6</b> Net gain (or loss) from Form 4797, Part II, line 18 (attach Form 4797)	<b>6</b>	
<b>7</b> Other income (excluding exempt function income) (attach schedule)	<b>7</b>	
<b>8</b> <b>Gross Income</b> (excluding exempt function income). Add lines 1 through 7	<b>8</b>	861.

**Deductions** (directly connected to the production of gross income, excluding exempt function income)

<b>9</b> Salaries and wages	<b>9</b>	
<b>10</b> Repairs and maintenance	<b>10</b>	
<b>11</b> Rents	<b>11</b>	
<b>12</b> Taxes and licenses	<b>12</b>	
<b>13</b> Interest	<b>13</b>	
<b>14</b> Depreciation (attach Form 4562)	<b>14</b>	
<b>15</b> Other deductions (attach schedule)	<b>15</b>	
<b>16</b> <b>Total deductions.</b> Add lines 9 through 15	<b>16</b>	
<b>17</b> Taxable income before specific deduction of \$100. Subtract line 16 from line 8	<b>17</b>	861.
<b>18</b> Specific deduction of \$100	<b>18</b>	\$100.00

**Tax and Payments**

<b>19</b> <b>Taxable income.</b> Subtract line 18 from line 17	<b>19</b>	761.
<b>20</b> Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	<b>20</b>	228.
<b>21</b> Tax credits (see instructions)	<b>21</b>	
<b>22</b> <b>Total tax.</b> Subtract line 21 from line 20. See instructions for recapture of certain credits	<b>22</b>	228.
<b>23</b> <b>Payments:</b> a 1998 overpayment credited to 1999	<b>23a</b>	
b 1999 est. tax payments	<b>23b</b>	
<b>c Total</b>	<b>23c</b>	
d Tax deposited with Form 7004	<b>23d</b>	
e Credit for tax paid on undistributed capital gains (attach Form 2439)	<b>23e</b>	
f Credit for Federal tax on fuels (attach Form 4136)	<b>23f</b>	
<b>g</b> Add lines 23c through 23f	<b>23g</b>	
<b>24</b> <b>Tax due.</b> Subtract line 23g from line 22. See instructions for depository method of tax payment	<b>24</b>	228.
<b>25</b> <b>Overpayment.</b> Subtract line 22 from line 23g	<b>25</b>	
<b>26</b> Enter amount of line 25 you want: <b>Credited to 2000 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>26</b>	

**Sign Here** 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.

Signature of officer	Date	SECRETARY-TREASURER
		Title

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <i>J A Kanger</i>	Date ▶ 02/18/00	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN ▶ P00038944
	Firm's name (or yours if self-employed) and address ▶ H & R BLOCK/PREMIUM 2337 E. SILVER SPRINGS BLVD. OCALA, FL	EIN ▶ 43-1632899	ZIP code ▶ 34470	

Form 1120-H - Deductions, Line 15  
Other Deductions

Description	Amount
COST OF MATERIAL AND SUPPLIES	846.
WATER TESTING	3,485.
DRILLING AND SURVEYING	300.
DUES AND SUBSCRIPTIONS	101.
INSURANCE	571.
OFFICE EXPENSE	114.
ACCOUNTING	815.
RENTAL FEES	10.
CHEMICALS	676.
MEETING EXPENSE	31.
SALARIES	3,697.
REPAIRS AND MAINTENANCE	1,055.
UTILITIES	2,392.
PAYROLL TAXES	283.
SUTA	3.
FUTA	30.
INTEREST	64.
TRAVEL	720.
TANGIBLE TAX AND FILING FEES	100.
DEPRECIATION	2,400.
BANK CHARGES	41.
MISC SUPPLIES	93.
LICENSES AND FEES	123.
POSTAGE	240.
SAFE DEPOSIT BOX RENTAL	220.
TOTAL	18,410.

Supplemental Schedules  
 Company: COMMUNITY WATER CO-OP INC

1999  
 EIN: 59-3247034

Form 4562 Asset Listing, Form 1120-H Line 14

Asset #	Description	T	Acq. Date	Pct. Used	Inv Cr.	Cost Basis	Depr Method	Conv	Est Life	Prior Depr.	Sec 179	1999 Depr
1	COMPRESSOR	N	09/20/89	100%	N	1,600	MACRS DDB	C	7	1,600	0	0
2	3 HP SUBPUM	N	06/05/91	100%	N	1,816	MACRS DDB	C	7	1,816	0	0
3	525 GAL TANK	N	04/13/93	100%	N	1,100	MACRS DDB	C	7	896	0	58
4	WATER LINE	N	08/02/94	100%	N	20,000	150 DB	C	15	7,425	0	1,258
5	TANK	N	05/15/95	100%	N	2,234	MACRS DDB	C	7	1,536	0	199
6	FENCE	N	08/04/95	100%	N	480	MACRS DDB	C	7	330	0	43
7	2000 GAL TAN	N	08/09/95	100%	N	9,146	MACRS DDB	C	7	6,290	0	816
8	EQUIP	N	06/01/96	100%	N	207	MACRS DDB	C	7	117	0	26
Prior Year Totals										20,010	0	
Current 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 . . . . .	0.	0.	0.
Less returns and allowances . . . . .	0.	0.	0.
Balance . . . . .	0.	0.	0.
Cost of goods sold . . . . .	0.	0.	0.
Gross profit . . . . .	0.	0.	0.
Dividends . . . . .	0.	0.	0.
Interest . . . . .	861.	1,394.	-533.
Gross rents . . . . .	0.	0.	0.
Gross royalties . . . . .	0.	0.	0.
Capital gain net income . . . . .	0.	0.	0.
Net Form 4797 gain/(loss) . . . . .	0.	0.	0.
Other income . . . . .	0.	0.	0.
<b>TOTAL INCOME</b> . . . . .	<b>861.</b>	<b>1,394.</b>	<b>-533.</b>
<b>DEDUCTIONS</b>			
Compensation of officers . . . . .	0.	0.	0.
Salaries and wages . . . . .	0.	0.	0.
Repairs and maintenance . . . . .	0.	0.	0.
Bad debts . . . . .	0.	0.	0.
Rents . . . . .	0.	0.	0.
Taxes and licenses . . . . .	0.	0.	0.
Interest . . . . .	0.	0.	0.
Charitable contributions . . . . .	0.	0.	0.
Depreciation . . . . .	0.	0.	0.
Depletion . . . . .	0.	0.	0.
Advertising . . . . .	0.	0.	0.
Pension, profit-sharing, etc., plans . . . . .	0.	0.	0.
Employee benefit programs . . . . .	0.	0.	0.
Other deductions . . . . .	0.	0.	0.
<b>TOTAL DEDUCTIONS</b> . . . . .	<b>0.</b>	<b>0.</b>	<b>0.</b>
Taxable income before net operating loss . . . . .	861.	1,394.	-533.
Net operating loss deduction . . . . .	0.	0.	0.
Special deductions . . . . .	100.	100.	0.
<b>TAXABLE INCOME</b> . . . . .	<b>761.</b>	<b>1,294.</b>	<b>-533.</b>



# 1998 - 1999 TAX SUMMARY

Company: COMMUNITY WATER CO-OP INC

EIN: 59-3247034

Page 2

TAXES AND CREDITS	1999	1998	DIFFERENCE
<b>Schedule J</b>			
Income tax .....	228.	388.	-160.
Personal holding company tax .....	0.	0.	0.
Recapture taxes .....	0.	0.	0.
Alternative minimum tax .....	0.	0.	0.
Foreign tax credit .....	0.	0.	0.
Possessions tax credit .....	0.	0.	0.
Nonconventional fuels and QEV credit .....	0.	0.	0.
General business credit .....	0.	0.	0.
Prior year minimum tax credit .....	0.	0.	0.
<b>TOTAL TAX</b> .....	<b>228.</b>	<b>388.</b>	<b>-160.</b>
<b>PAYMENTS</b>			
Prior year overpayment credited .....	0.	0.	0.
Estimated tax payments .....	0.	0.	0.
Less current year refund applied for on Form 4466 .....	0.	0.	0.
Tax deposited with Form 7004 .....	0.	0.	0.
Credit for tax paid on undistributed capital gains .....	0.	0.	0.
Federal tax on fuels credit .....	0.	0.	0.
Backup withholding .....	0.	0.	0.
<b>TOTAL PAYMENTS</b> .....	<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>AMOUNT DUE</b>			
Estimated tax penalty .....	0.	0.	0.
Amount OWED with return .....	228.	388.	-160.
<b>REFUND</b>			
Overpayment less estimated tax penalty .....	0.	0.	0.
Amount credited to next year .....	0.	0.	0.
<b>REFUND due</b> .....	<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>ESTIMATED TAX</b>			
First Installment .....	0.	0.	0.
Second Installment .....	0.	0.	0.
Third Installment .....	0.	0.	0.
Fourth Installment .....	0.	0.	0.



2000 Florida Intangible Personal Property Tax Return for Corporation,  
Partnership, and Fiduciary Filers as of January 1, 2000

TASC

NTF9  
DR-601C  
R. 01/00

FEIN 59-3247034

Address Changes

Amended Return

Bank/S & L

Charitable Trust

Filing Status:  Corporation

Partnership

Name COMMUNITY WATER CO-OP INC

Fiduciary

Affiliated Group

Address PO BOX 1107

Address

City/State/Zip SILVER SPRINGS, FL 34489

8725000301003015035932470343

DOR Use Only / /

593247034	0	0	0
00000000	0	0	0
0	0	0	0
5	0	0	0
00	0	0	0
0	0	0	0
			0

1. Accounts Receivable (From Accounts Receivable Worksheet, Line 14) ..... 0.00
2. Loans and Notes Receivable (From Schedule B, Line 17) ..... 0.00
3. Bonds (From Schedule C, Line 18) ..... 0.00
4. Stocks, Mutuals, Money Market Funds, Limited Partnership Interests, and Beneficial Interest in Any Trust (From Schedule D, Line 19) . . . 0.00
5. As Agent for Stockholders (From Schedule E, Line 20. Do not enter negative value) ..... 0.00
6. Total Intangible Assets (Total of Lines 1 through 5) ..... 0.00
7. Tax Due (From Tax Calculation Worksheet, Line 15A or 15B) If Line 7 is less than \$60, no payment is due ..... 0.00
8. Credits (From Tax Credit Worksheet, Line 16) ..... 0.00
9. Total Tax Due (Subtract Line 8 from Line 7) ..... 0.00
10. Discount (Jan. or Feb. - 4%; March - 3%; April - 2%; May - 1%; June - 0%; if postmarked on or before the last day of the discount period. The discount period is not extended when ending on a Saturday, Sunday or holiday.) ..... 0.00
11. Penalty and Interest (See Instructions.) ..... 0.00
12. Voluntary Election Campaign Contribution (\$5.00 -- See Instructions.) ..... 0.00
- 13a. Total Due ..... 0.00
- 13b. Less Amount Paid with Extension ..... 0.00
- 13c. Total Due (Line 13a less Line 13b; U.S. Funds only). The total due cannot be a negative number. ..... 0.00

An Application for Refund is required for all overpayments. ....

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 <i>H &amp; R Block</i>	Date <i>02/18/00</i>	(352) 625-1085 Telephone No.	TASC
Signature of Individual or Firm Preparing the Return <i>CA Klinger</i>	Date <i>02/18/00</i>	Preparer's SSN or FEIN or PTIN 43-1632899	

Payment Coupon 2000 Florida Intangible Tax **Do Not Detach** 9 FL601C1 NTF 23555A NTF9  
Return and Payment must be postmarked no later than June 30, 2000 to avoid Penalty and Interest. DR-601C  
R. 01/00

Enter correct name, address, and FEIN below, if not pre-addressed: FEIN 59-3247034

Name COMMUNITY WATER CO-OP INC

Address PO BOX 1107

Address

City/State/Zip SILVER SPRINGS, FL 34489

Check here if you transmitted funds electronically

Check here if you do not want the Department to send you a form next year.

Make Check Payable and Mail To:  
FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE ST  
TALLAHASSEE FL 32399-0140

593247034	0	0	0
00000000	0	0	0
0	0	0	0
5	0	0	0
00	0	0	0
0	0	0	0

0

8725 00030100 301503 593247034

### Important Information Required

1. If this is your first time filing an Intangible Tax Return, please complete the following:

Date of incorporation . . . . . \_\_\_\_\_ Month Day Year  
 Date you began business in Florida \_\_\_\_\_ Example: 06 10 1999

2. If your filing status has changed, please enter the previous FEIN, the new FEIN, and the new filing status:

**Filing Status**

- Fiduciary
- Affiliated Group of Corporations (Must Submit List, See Page 10)
- Partnership
- Corporation
- Final Return
- Information Return Only (Filed Under \_\_\_\_\_)
- Trustee

Previous FEIN \_\_\_\_\_ New FEIN \_\_\_\_\_

3. 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
14. Accounts Receivable Enter result on Schedule A, Line 1.	\$ _____ X .3333 =	\$ _____

Tax Calculation Worksheet	A. Fiduciaries, Corporations, Partnerships, & Affiliated Groups	B. Charitable Trusts
A. Enter Amount from Line 6		
B. Tax Rate	X .0015	X .0015
15. Tax Due (Enter on Schedule A, Line 7)	15A.	15B.

Tax Credit Worksheet (see Instructions)		
A. Intangible Tax Paid to Another State (see Instructions) Identify State:	A.	
B. Cleanup of Contaminated Dry-Cleaning Sites (if credit not taken on F-1120 or F-1120A)	B.	
16. Total Credit (Line A plus Line B). Enter on Schedule A, Line 8	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)

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.
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. A copy of the value notice is included with this return.
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.
4.  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 \$15.00 [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 generate returns. Use of computer generated forms is high, therefore, the Department is asking, **Do you want a forms package mailed to you?**

**Note:** Even if you check the box on the front of this coupon that 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

ASSETS

CURRENT ASSETS:	
112 AM-SOUTH #	\$ 13,406.35
113 AMSOUTH - CD	21,802.49
<hr/>	
TOTAL CURRENT ASSETS:	\$ 35,208.84
FIXED ASSETS	
210 LAND/ROAD IMPROVEMENTS	20,000.00
260 MACHINERY & EQUIPMENT	16,583.43
280 ACCUMULATED DEPRECIATION	(6,658.00)
<hr/>	
TOTAL FIXED ASSETS	29,925.43
<hr/>	
TOTAL ASSETS	\$ <u>65,134.27</u>


LIABILITIES & CAPITAL

CURRENT LIABILITIES:	
430 PAYROLL TAXES PAYABLE	\$ 49.72
435 STATE UNEMPLOYMENT DUE	1.06
436 FEDERAL UNEMPLOYMENT DUE	22.25
<hr/>	
TOTAL CURRENT LIABILITIES:	\$ 73.03
CAPITAL	
520 RETAINED EARNINGS	58,712.51
531 MONEY MARKET ACCT	(5,000.00)
570 CURRENT EARNINGS	11,348.73
<hr/>	
TOTAL CAPITAL	65,061.24
<hr/>	
TOTAL LIABILITIES & CAPITAL	\$ <u>65,134.27</u>

SANTOS BOOKKEEPING SERVICES  
PHONE 352-732-2447  
FAX  
352-732-4433

**AMSOUTH**

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone number <b>AMSOUTH BANK</b> 160,906 <b>P.O. BOX 413</b> <b>BIRMINGHAM</b> AL 35201-0413  For questions please call 1-800-AMSOUTH 2255		Calendar year <b>1999</b>	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.		OMB No. 1545-0047 <b>Statement for Recipients of Interest Income</b> Copy B - For Recipient <b>1999</b> Form <b>1099-INT</b>	
Recipient's identification number <b>593247034</b>		7 Foreign country or U.S. possession	1 Interest income not included in Box 3. <b>861.19</b>			2 Early Withdrawal Penalty
PAYER'S Federal identification number <b>63-0935103</b>	6 Foreign tax paid	5 Investment expenses	Account Number <b>Ckng</b>			
Recipient's name, street address, city, state, and ZIP code  <b>COMMUNITY WATER CO OP INC</b> <b>PO BOX 1107</b> <b>SILVER SPRINGS</b> FL 34489-1107		3 Interest on U.S. Savings Bonds and Treas. obligations				
		All account(s) shown below are for the recipient identification number shown at left.				
		<b>TOTALS</b>		<b>861.19</b>		

Form **1099-INT**  
J3037 R642881

(Keep for your records.)

Department of the Treasury - Internal Revenue Service  
160

**REDACTED**

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see Instructions

For calendar year 1998 or tax year beginning 1998, and ending 19

Name: COMMUNITY WATER CO-OP INC
Employer Identification number: 59-3247034
Date association formed: 12/19/91
Address: PO BOX 1107, SILVER SPRINGS, FL 34489

Check if: (1) Final return (2) Change of address (3) Amended return

Table with 2 columns: Description and Amount. Rows include: A Check type of homeowners association, B Total exempt function income, C Total expenditures made for purposes described in 90% expenditure test, D Association's total expenditures for the tax year, E Tax-exempt interest received or accrued during the tax year.

Gross Income (excluding exempt function income)

Table with 2 columns: Description and Amount. Rows include: 1 Dividends, 2 Taxable interest, 3 Gross rents, 4 Gross royalties, 5 Capital gain net income, 6 Net gain (or loss) from Form 4797, Part II, line 18, 7 Other income, 8 Gross Income.

Deductions (directly connected to the production of gross income, excluding exempt function income)

Table with 2 columns: Description and Amount. Rows include: 9 Salaries and wages, 10 Repairs and maintenance, 11 Rents, 12 Taxes and licenses, 13 Interest, 14 Depreciation, 15 Other deductions, 16 Total deductions, 17 Taxable income before specific deduction of \$100, 18 Specific deduction of \$100.

Tax and Payments

Table with 2 columns: Description and Amount. Rows include: 19 Taxable income, 20 Enter 30% of line 19, 21 Tax credits, 22 Total tax, 23 Payments, 24 Tax due, 25 Overpayment, 26 Enter amount of line 25 you want Credited to 1999 estimated tax.

Please Sign Here: 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.

Signature of officer: [Signature] Date: [Date] Title: SECRETARY - TREASURER

Preparer's Use Only: Preparer's signature: [Signature] Date: 03/10/99, Firm's name: H&R BLOCK, 3540 LAKE WEIR AVE, Ocala, FL, EIN: 43-4632899, ZIP code: 34471

Form 1120-H - Deductions, Line 15  
Other Deductions

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

Supplemental Schedules  
 Company: COMMUNITY WATER CO-OP INC

1998  
 EIN: 59-3247034

Form 4562 Asset Listing, Form 1120-H Line 14

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



# Florida Corporate Income/Franchise and Emergency Excise Tax Return

For calendar year 1998 or tax yr. beginning \_\_\_\_\_, 1998 end. \_\_\_\_\_, 19\_\_\_\_

FEIN	59-3247034	Corporate business address (if different from mailing address)
Name	COMMUNITY WATER CO-OP INC	<b>REDACTED</b>
Address	PO BOX 1107	
City/State/Zip	SILVER SPRINGS, FL 34489	E-mail address _____
		Return Is Due 1st Day of the 4th Month After Close of the Taxable Year

**This Return Is Deemed Incomplete Unless a Copy of the Federal Return Is Attached.**

Computation of Florida Net Income and Emergency Excise Tax		
1. Federal taxable income (see instructions). Attach pages 1-4 of Federal Return	1.	1,294.
2. State income taxes deducted in computing federal taxable income (attach schedule)	2.	
3. Additions to federal taxable income (from Schedule I)	3.	
4. Total of Lines 1 through 3	4.	1,294.
5. Subtractions from federal taxable income (from Schedule II)	5.	
6. Adjusted federal income (Line 4 minus Line 5)	6.	1,294.
7. Florida portion of adjusted federal income (see instructions)	7.	1,294.
8. Add nonbusiness income allocated to Florida (see instructions)	8.	0.
9. Less Florida Exemption	9.	1,294.
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10.	
11. Tax due: 5.5% of Line 10 or amount from Line 11, Schedule VI, whichever is greater (see instructions)	11.	
12. Credits against the tax from Line 19, Schedule V	12.	
13. Emergency excise tax due (from Schedule A, Line 20)	13.	
14. Total income/franchise and emergency excise tax due (see instructions)	14.	
15. Penalty: F-2220 Oth-er Interest: F-2220 Oth-er Total	15.	
16. Total of Lines 14 and 15	16.	
17. Payment credits: Estimated tax pymts. \$ Tentative tax payment \$ Total	17.	
18. Total amount due or overpayment (see instructions) Check here if you transmitted funds electronically	18.	
19. Enter amount of overpayment credited to next year's estimated tax 19(a) \$ or refunded 19(b) \$		

A return that is not signed, or improperly signed and verified, will be subject to the failure to file return penalty. The statute of limitations period will not start until the return is properly signed and verified. This return must be completed in its entirety.

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 Here	Signature of Officer (Must be an original signature.)	Date	Title	SECRETARY - TREASURER
Paid	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number
Preparer's Only	Firm's name (or yours if self-employed) and address		FEIN	43-4632899
			Zip Code	34471

8 FL11201 NTF 17573

**Do Not Detach, Even If No Payment is Due**

## Payment Coupon

To ensure proper credit to your account, attach your check to this payment coupon and mail with tax return.  
Attach this coupon with F-1120 even if no tax is due.

PLEASE ATTACH CHECK HERE

1. Have you signed your check and your return?
2. Have you attached your federal return and federal Form 4562 depreciation schedule?
3. AMT filers -- Have you attached your federal Form 4626?
4. Have you attached a copy of your F-7004?
5. Include your FEI Number on your check.  
Please print in black or blue ink only.

Make Checks Payable to:  
**Florida Department of Revenue**  
5050 W TENNESSEE STREET  
TALLAHASSEE FL 32399-0135

NAME COMMUNITY WATER CO-OP INC  
ADDRESS PO BOX 1107  
CITY/STATE/ZIP SILVER SPRINGS, FL 34489

FEIN 59-3247034 YEAR ENDING 12/31/98

Total Amount Due From Line 18, F-1120 Return	US DOLLARS	CENTS

Check here if you transmitted funds electronically.

**370502**

NAME COMMUNITY WATER CO-OP FEIN 59-3247034 TAXABLE YEAR ENDING 12/31/98

**Schedule A -- Computation of Emergency Excise 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, Schedule 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 Code 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 income	7.	
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 none, 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.) Total	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

- A. State of Incorporation: Florida
- B. Florida Secretary of State Document Number: \_\_\_\_\_
- C. Florida Consolidated Return? YES  NO
- D.  Initial Return  Final Return (final federal return filed)
- E. Taxpayer election § 220.03(5), F.S.  General Rule  Election A  Election B
- F. North American Industrial Classification System (NAICS) code (as pertains to Florida) if known: \_\_\_\_\_  
What business activity does your organization primarily conduct? \_\_\_\_\_
- G. A Florida extension of time was timely filed? YES  NO  If yes, attach copy of Florida Form F-7004.
- H. Corporation is a member of a controlled group? YES  NO  If yes, attach list.  
Parent Corp.: \_\_\_\_\_ FEIN: \_\_\_\_\_  
Part of a federal consolidated return? YES  NO   
The federal common parent has sales, property or payroll in Florida? YES  NO

- Corporation is qualified subchapter S subsidiary for tax year? Yes  No   
If yes, attach schedule identifying S corporation parent & effective date of election.
  - I. Location of corporate books: \_\_\_\_\_
  - J. Taxpayer is member of Florida partnership or joint venture? YES  NO
  - K. Show date of latest IRS audit: \_\_\_\_\_ Years examined: \_\_\_\_\_
  - L. Intangible Tax Notice: Just Value Per Share: \$ \_\_\_\_\_
  - M. Contact person & telephone for questions concerning this return:  
H&R BLOCK (352) 732-2447
- For Question N, O and P, please refer to "Who Must File" instructions.
- N. Taxpayer files federal Form 1120H? YES  NO  If yes, attach copy.
  - O. Corporation elected to be taxed under Subchapter S, I.R.C. for this tax year? YES  NO  If yes, attach copy of federal Form 1120S.
  - P. 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 INC FEIN 59-3247034

TAXABLE YEAR ENDING 12/31/98

Schedule I -- Additions and/or Adjustments to Federal Taxable Income		(a) For page 1	(b) For Schedule VI, AMT
1. Consolidated income adjustment (attach statement)	1.		
2. Long term contract adjustment (attach Form F-1155)	2.		
3. Depreciation adjustment (for taxpayers subject to Election B) (attach statement and federal Form 4562) (see instructions)	3.		
4. Total interest excluded from federal taxable income (see instructions)	4.		
5. Undistributed net long-term capital gains (see instructions)	5.		
6. Net operating loss, net capital loss, and excess charitable and employee benefit plan contribution carryovers deducted in computing federal taxable income (attach schedule)	6.		
7. Wages and salaries allowable as enterprise zone jobs credit (Form F-1157Z)	7.		
8. Ad valorem taxes allowable as enterprise zone property tax credit (Form F-1158Z &/or Form F-1158)	8.		
9. Guaranty association assessment(s) credit	9.		
10. Other additions (attach statement)	10.		
11. Total of Lines 1 through 10 [enter Col. (a) here and on Line 3, Page 1; enter Col. (b) here & on Line 3, Sch. VI]	11.		

Schedule II -- Subtractions From Federal Taxable Income		(a) For page 1	(b) For Schedule VI, AMT
1. Enter §78 I.R.C. income \$ _____ plus §862 I.R.C. divs. \$ _____ less direct and indirect expenses \$ _____ Total ▶	1.		
2. Enter §951 I.R.C. subpart F inc. \$ _____ less dir. & indir. exp. \$ _____ Total ▶	2.		
NOTE: Taxpayers doing business both within and without Florida enter zero on Lines 3, 4 and 5 and complete Line 4 of Sch. IV.			
3. Florida net operating loss carryover deduction (see instructions)	3.		
4. Florida net capital loss carryover deduction (see instructions)	4.		
5. Florida excess charitable or employee benefit plan contribution carryover (see instructions)	5.		
6. Nonbusiness income (from Line 3, Schedule R)	6.		
7. Eligible net income of an international banking facility (see instructions)	7.		
8. Other subtractions (attach statement)	8.		
9. Total subtractions [enter Col. (a) here and on Line 5, Page 1; enter Col. (b) here and on Line 5, Schedule VI]	9.		

**Schedule III -- Apportionment of Adjusted Federal Income**

FORM F-1120	III-A For use by taxpayers doing busn. within & without FL, except those providing insurance/transportation services.				
	NOTE: If any factor in Column (b) is zero, see instructions	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) Col. (a) ÷ Col. (b) Rounded to 6 Decimals	(d) FLORIDA Factors Rounded to 6 Decimals
	1. Average value of property				x 25%=
	2. Payroll				x 25%=
	3. Sales (Schedule III-C below)				x 50%=
	4. Apportionment fraction [Sum of Lines 1, 2, and 3, Column(d)]. Enter here & on Line 2, Schedule IV.				

III-B For use in computing average value of property. (Use original cost)	WITHIN FLORIDA		TOTAL EVERYWHERE	
	a. Beginning of year	b. End of year	a. Beginning of year	b. End of year
1. Inventories of raw material, work in process, finished goods				
2. Buildings and other depreciable assets				
3. Land owned				
4. Other tangible and intangible (financial org. only) assets (attach schedule)				
5. Total (Lines 1 through 4)				
6. Average value of property [add Line 5, Columns (a) and (b) and divide by 2 (for Within Florida and Total Everywhere)].				
7. Rented property (8 times net annual rent)				
8. Total (Lines 6 & 7). Enter on Line 1, Sch. III-A, Column (a) and (b)				
	Average Florida		Average Everywhere	

III-C Sales Factor		TOTAL WITHIN FLORIDA (Omit cents)	TOTAL EVERYWHERE (Omit cents)
1. Sales (gross receipts)	1.		
2. Sales delivered or shipped to Florida purchasers	2.		
3. Other gross receipts (rents, royalties, interest, etc. when applicable)	3.		
4. TOTAL SALES	4.		

III-D For use by taxpayers providing insurance or transportation services within and without Florida (see instructions)	(a) Within Florida	(b) Total Everywhere	(c) Florida Factor [(a) ÷ (b)]
1. Insurance companies (attach copy of Sch. T -- Annual Report)			
2. Transportation services			

NAME COMMUNITY WATER CO-OP FEIN 59-3247034

TAXABLE YEAR ENDING 12/31/98

Schedule IV - Computation of Florida Portion of Adjusted Federal Income

Table with 3 columns: Description, (a) ADJUSTED FEDERAL INCOME, (b) ADJUSTED AMT INCOME. Rows 1-5 showing apportionment calculations with values of 1,294.

Schedule V - Credits Against The Corporate Income/Franchise Tax

Table with 2 columns: Description, Amount. Rows 1-19 listing various tax credits such as Intangible tax credit, Florida Life and Health Insurance Guaranty Association (FLHIGA) assessment credit, etc.

Schedule VI - Computation of Florida Alternative Minimum Tax (AMT)

Table with 2 columns: Description, Amount. Rows 1-11 showing the computation of Florida Alternative Minimum Tax due, starting with Federal alternative minimum taxable income and ending with 3.3% of Line 10.

Attach an additional schedule if necessary.

Schedule R - Nonbusiness Income

R-1 Nonbusiness Income (Loss) Allocated to Florida

Table with 2 columns: Type, Amount. Line 1: Total allocated to Florida. (Enter here and on Line 8, Page 1, F-1120 or Schedule VI, Line 8 for AMT)

R-2 Nonbusiness Income (Loss) Allocated Elsewhere

Table with 3 columns: Type, State/Country Allocated To, Amount. Line 2: Total allocated elsewhere.

R-3 Total Nonbusiness Income

Line 3: Grand Total. Total of lines 1 and 2. (Enter here and on Line 6, Schedule II)



1999 Florida Intangible Tax Return for Corporation,  
Partnership, and Fiduciary Filers as of January 1, 1999

NTF TAASC DR-601C  
R. 01/99

(FEIN) 59-3247034 Name COMMUNITY WATER CO-OP INC  
 Address Changes Amended Return Address PO BOX 1107  
 Filing Status Corporation Address \_\_\_\_\_  
 Bank/Trust \_\_\_\_\_ City/State/Zip SILVER SPRINGS, FL 34489

DOR use only / /

593247034	0	0	0
0	0	0	0
0	0	0	0
5	0	0	0
00	0	0	0
0	0	0	0
8623000301993015035932470343			

- 1. Accounts Receivable (From Accounts Receivable Worksheet, Line 14) ..... 0.00
- 2. Loans and Notes Receivable (From Schedule B, Line 17) ..... 0.00
- 3. Bonds (From Schedule C, Line 18) ..... 0.00
- 4. Stocks, Mutuals, Money Market Funds, Limited Partnership Interests  
and Beneficial Interest in Any Trust (From Schedule D, Line 19) ..... 0.00
- 5. As Agent for Stockholders (From Schedule E, Line 20. Do not enter negative value) ..... 0.00
- 6. Total Taxable Assets (Total of Lines 1 through 5) ..... 0.00
- 7. Tax Due (From Tax Calculation Worksheet, Line 15) If Line 7 is less than \$60, no payment is due ..... 0.00
- 8. Credits (From Tax Credit Worksheet, Line 16) ..... 0.00
- 9. Total Tax Due (Subtract Line 8 from Line 7) ..... 0.00
- 10. Discount (Jan. or Feb. -- 4%; March -- 3%; April -- 2%; May -- 1%; June -- 0%;  
if postmarked on or before the last day of the filing period) ..... 0.00
- 11. Penalty and Interest (See Instructions, page 7) ..... 0.00
- 12. Voluntary Election Campaign Financing Trust Fund (\$5.00 -- See Instructions, page 7) ..... 0.00
- 13a. Total Due: (Line 9 minus Line 10, plus Line 11 plus Line 12.) ..... 0.00
- 13b. Less Amount Paid on Extension ..... 0.00
- 13c. Total Due (Line 13a less Line 13b; U.S. Funds only) ..... 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); & 837.06, F.S.).

Mark "X" here if you transmitted funds electronically

**Payment Coupon 1999 Florida Intangible Tax** **Do Not Detach** NTF DR-601C  
 Return and Payment Must Be Postmarked No Later Than June 30, 1999 to Avoid Penalty and Interest R. 01/99

Signature of Officer	Date	(352) 625-1085	Telephone No.
Signature of Individual or Firm Preparing the Return	Date	03/10/99	Preparer's SSN or FEIN
<i>H E R Black</i>	<i>JA Klingner</i>		43-4632899

Enter correct name, address, and FEIN below, if not preprinted:

Name COMMUNITY WATER CO-OP INC 59-3247034  
 Address PO BOX 1107 FEIN  
 Address \_\_\_\_\_  
 City/State/Zip SILVER SPRINGS, FL 34489

Make Check Payable and Mail To:  
**FLORIDA DEPARTMENT OF REVENUE**  
 5050 W TENNESSEE ST  
 TALLAHASSEE FL 32399-0140  
 8 FL601C1 NTF 16577A

593247034	0	0	0
0	0	0	0
0	0	0	0
5	0	0	0
00	0	0	0
0	0	0	0
DO NOT WRITE BELOW THIS LINE			

8623 00030199 301503 5932470343

### Important Information Required

1. If this is your first time filing an Intangible Tax Return, please complete the following:

Date of incorporation: \_\_\_\_\_ Month Day Year  
 Date you began business in Florida: \_\_\_\_\_ Example: 06 10 98

---

2. If your filing status has changed, please enter the previous FEIN, the new FEIN, and the new filing status:

Previous FEIN: \_\_\_\_\_ New FEIN: \_\_\_\_\_

**Filing Status**

Fiduciary  Final Return  
 Affiliated Group of Corporations (Must Submit List, See Page 10)  Information Return Only (Filed Under \_\_\_\_\_)  
 Partnership SSN \_\_\_\_\_  
 Corporation  Trustee

---

3. If your name/address has changed, please complete the following:

Name of Taxpayer(s) \_\_\_\_\_  
 New Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Signature \_\_\_\_\_

Accounts Receivable Worksheet	Total Accounts Receivable	Result
14. Accounts Receivable Enter result on Schedule A, Line 1.	\$ _____ x .6666 =	\$ _____

Tax Calculation Worksheet	A. Corporations, Pshps., Affiliated Groups, & Fiduciaries	B. Banking and Savings Associations	C. Charitable Trusts
A. Enter Amount from Line 6			
B. Tax Rate	X .002	X .0015	X .001
15. Tax Due (Enter on Schedule A, Line 7)	15A.	15B.	15C.

Tax Credit Worksheet (see Instructions, page 6)			
A. Intangible Tax Paid to Another State (see Instructions) Identify State:		A.	
B. Bank and Savings Association Credit			
(1) 33% of Prior Year Intangible Tax	B.(1)		
(2) Intangible Tax Credit Claimed Against Corporate Income Tax	B.(2)		
(3) Bank and Savings Association Credit [Line B(1) minus Line B(2). If negative, enter zero]	B.(3)		
C. Cleanup of contaminated dry-cleaning sites (if credit not taken on F-1120 or F-1120A)		C.	
16. Total Credit (Line A plus Line B(3) plus Line C. Enter on Schedule A, Line 8)		16.	

### 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)

- 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; or
- 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 attached to this return; or
- 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 attached to this return. The corporation has included the value of its shares held by Florida residents on this tax return; or
- We hereby certify this corporation is claiming the international banking exemption.

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.].

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

ASSETS

<b>CURRENT ASSETS</b>			
103	CASH IN BANK	\$	8,490.82
104	CASH IN BANK-AM SOUTH		10,652.79
119	AMSOUTH BANK-CERT OF DEP		21,802.49
	<b>TOTAL CURRENT ASSETS</b>		<u>\$ 40,946.10</u>
<b>FIXED ASSETS</b>			
269	ROAD IMPROVEMENTS		20,000.00
273	EQUIPMENT & TOOLS		16,583.43
280	ACCUMULATED DEPRECIATION		(6,658.00)
	<b>NET FIXED ASSETS</b>		<u>29,925.43</u>
	<b>TOTAL ASSETS</b>		<u><u>\$ 70,871.53</u></u>

LIABILITIES AND EQUITY

<b>CURRENT LIABILITIES</b>			
413	FUTA TAX PAYABLE	\$	32.92
425	NOTE PAYABLE-AM SOUTH		3,382.37
431	FICA TAX PAYABLE		252.91
	<b>TOTAL CURRENT LIABILITIES</b>		<u>\$ 3,668.20</u>
<b>EQUITY</b>			
554	COMMON STOCK		
558	RETAINED EARNINGS		59,971.01
597	Net Profit/(Loss)		7,232.32
	<b>TOTAL EQUITY</b>		<u>67,203.33</u>
	<b>TOTAL LIABILITIES AND EQUITY</b>		<u><u>\$ 70,871.53</u></u>

H & R BLOCK PREMIUM  
PHONE 352-732-2447  
FAX 352-732-4433

U.S. Income Tax Return for Homeowners Associations

1997

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see Instructions

For calendar year 1997 or tax year beginning 1997, and ending 19

Use IRS label. Other-wise, please print or type. Name: COMMUNITY WATER CO-OP INC. Employer identification number: 59-3247034. Date association formed: 12/19/91.

Check if: (1) Final return (2) Change of address (3) Amended return. A Check type of homeowners association: Residential real estate association

Table with 2 columns: Description (B, C, D, E) and Amount (38,769, 26,103, 26,275, etc.)

Gross Income (excluding exempt function income) table with 2 columns: Line number and Amount (544, etc.)

Deductions (directly connected to the production of gross income, excluding exempt function income) table with 2 columns: Line number and Amount (\$100.00, etc.)

Tax and Payments table with 2 columns: Line number and Amount (444, 133, etc.)

Please Sign Here. 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.

Signature of officer: J.A. Klinger, Date: 02/28/98, Title: SECRETARY - TREASURER. Preparer's signature: H&R BLOCK, Date: 02/28/98, EIN: 43-4632899, Address: 3540 LAKE WEIR AVENUE, Ocala, FL.



Company: COMMUNITY WATER CO-OP INC

EIN: 59-3247034

\*\*\*\*\*

Form 1120-H - Deductions, C  
Other Deductions

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



**1998 Florida Intangible Tax Return for Corporation,  
Partnership, and Fiduciary Filers as of January 1, 1998**

NTF TAASC DR-601C  
R. 01/98

(FEIN) 59-3247034 Name COMMUNITY WATER CO-OP INC  
 Address Changes Amended Return Address PO BOX 1107  
 Filing Status Corporation Address \_\_\_\_\_  
 Bank/Trust \_\_\_\_\_ City/State/Zip SILVER SPRINGS, FL 34489

DOR / /  
use only

593247034	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
5	0	0	0	0	0	0	0	
00	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	
							8528000301983015035932470343	

1. Loans, Notes, and Accounts Receivable (From Schedule B, Line 16) . . . . .
2. Beneficial Interest in Any Trust . . . . .
3. Bonds (From Schedule C, Line 17) . . . . .
4. Stocks, Mutuals, Money Market Funds, and Limited Partnership  
Interests (From Schedule D, Line 18) . . . . .
5. As Agent for Stockholders (From Schedule E, Line 19. Do not enter negative value) . . . . .
6. Total Taxable Assets (Total of Lines 1 through 5) . . . . .
7. Tax Due (From Tax Calculation Worksheet, Line 14)  
(Rates: .002 -- Corps. etc., .0015 -- Banks, or .001 -- Charitable Trusts) . . . . .
8. Credits (From Tax Credit Worksheet, Line 15) . . . . .
9. Total Tax Due (Subtract Line 8 from Line 7) . . . . .
10. Discount (Jan. or Feb. -- 4%; March -- 3%; April -- 2%; May -- 1%; June -- 0%;  
if postmarked on or before the last day of the filing period) . . . . .
11. Penalty and Interest (See Instructions, page 3). . . . .
12. Voluntary Election Campaign Financing Trust Fund (\$5.00 -- See Instructions). . . . .
13. Total Due: (Line 9 minus Line 10, plus Line 11 plus Line 12. Enter here and on Line 13a below) . . . . .

Under penalties of perjury, I declare that I have examined this return, accompanying schedules & statements, and it is true, correct, & 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); & 837.06, F.S.).

Signature of Officer	Date	Telephone No.	<input type="checkbox"/>	Mark "X" here if you transmitted funds electronically
Signature of Individual or Firm Preparing the Return <i>J.A. Klingler H.E.R. Black</i>			Date	Preparer's SSN or FEIN
			02/28/98	43-4632899

7 FL60101 NTF 11554B

**Payment Coupon 1998 Florida Intangible Tax Do Not Detach** NTF DR-601C  
 Return and Payment Must Be Postmarked No Later Than June 30, 1998 to Avoid Penalty and Interest R. 01/98

13a. Total Due From Line 13 . . . . .	0.00
13b. Less Amount Paid on Extension . . . . .	0.00
13c. Total Due (Line 13a less Line 13b; U.S. funds only) . . . . .	0.00

Enter correct name, address, and FEIN below, if not preprinted:  
59-3247034

**FEIN**

Name COMMUNITY WATER CO-OP INC  
 Address PO BOX 1107  
 Address \_\_\_\_\_  
 City/State/Zip SILVER SPRINGS, FL 34489

Make Check Payable and Mail To:  
**FLORIDA DEPARTMENT OF REVENUE**  
 5050 W TENNESSEE ST  
 TALLAHASSEE FL 32399-0140

OCR Line

Do not write/print below this line

8528 00030198 301503 5932470343

**Important Information Required**

1. Is this your first time filing an Intangible Tax Return? . . . . .  No  Yes If yes, complete the following:  
 Date of incorporation . . . . . \_\_\_\_\_ Month Day Year  
 Date you began business in Florida . . . . . \_\_\_\_\_ Example: 06 10 97

2. Has your filing status changed? . . . . .  No  Yes If yes, complete the information below, enter FEIN and check the correct box for your new filing status:

\_\_\_\_\_ Previous FEIN                      \_\_\_\_\_ New FEIN

**Filing Status**

Fiduciary  
 Affiliated Group of Corporations  
 (Must Submit List, See Page 6)  
 Partnership  
 Corporation  
 Final Return  
 Information Return Only  
 (Filed Under SSN \_\_\_\_\_)

3. If your name/address has changed, complete the following:  
 Name of Taxpayer(s) \_\_\_\_\_  
 New Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Signature \_\_\_\_\_

**Worksheets (Complete only one column below)**

Tax Calculation Worksheet	A. Corporations, Pshps., Affiliated Groups, & Fiduciaries	B. 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) Identify State	A.
B. Bank and Savings Association Credit	
(1) 33% of Prior Year Intangible Tax	B(1)
(2) Intangible Tax Credit Claimed Against Corporate Income Tax	B(2)
(3) Bank and Savings Association Credit (Line B(1) minus Line B(2). If negative, enter zero)	B.
15. Total Credit (Line A plus Line B. Enter on Schedule A, Line 8)	15.

**Information Notices**  
 (If none of the boxes below are applicable, disregard this section.)

- Check the appropriate box below: (see Information Notices on page 5 of 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; or
  - 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 which are not publicly traded or are restricted. A copy of the value notice is attached to this return; or
  - 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 attached to this return. The corporation has included the value of its shares held by Florida residents on this tax return; or
  - We hereby certify this corporation is claiming the international banking exemption.
- 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 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

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

H & R BLOCK PREMIUM

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

LIABILITIES AND EQUITY

CURRENT LIABILITIES		
410	Payroll Tax Payable	\$ 41.60
425	NOTE PAYABLE-AM SOUTH	10,543.13
431	FICA TAX PAYABLE	324.88
TOTAL CURRENT LIABILITIES		\$ 10,909.61
EQUITY		
554	COMMON STOCK	
558	RETAINED EARNINGS	43,627.41
597	Net Profit/(Loss)	16,343.60
TOTAL EQUITY		59,971.01
TOTAL LIABILITIES AND EQUITY		\$ 70,880.62

H & R BLOCK PREMIUM

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 0 (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 14 - 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. *This would be for any transferred facilities.*
- B) 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. *? being transferred.*
- C) Exhibit 16 - The ~~utility's~~ *buyer'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

*FORWARDED TO ECR*  
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 -

<u>ORDER NUMBER</u>	<u>DATE ISSUED</u>	<u>DOCKET NUMBER</u>	<u>FILING TYPE</u>
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 SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.  
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 1/4 of Section 25

(Continue to Sheet No. 3.12)

JAMES H. HODGES  
ISSUING OFFICER

PRESIDENT  
TITLE

NAME OF COMPANY SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.  
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 SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.  
WATER TARIFF

COMMUNITIES SERVED LISTING

<u>County Name</u>	<u>Development</u>	Rate Schedule (s) <u>Available</u>	<u>Sheet No.</u>
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

TYPE OF FILING - TRANSFER

PRESIDENT  
TITLE

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

NAME OF COMPANY SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.  
WATER TARIFF

INDEX OF RATE AND CHARGE SCHEDULES

	<u>Sheet Number</u>
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 SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.  
WATER TARIFF

INDEX OF RATE SCHEDULES

General Services, GS.....17.0, 17.1, 17.2  
Residential Services RS.....18.0, 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



NAME OF COMPANY SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.  
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.

LIMITATIONS 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.

EFFECTIVE DATE

JAMES H. HODGES  
ISSUING OFFICER

TYPE OF FILING - TRANSFER

PRESIDENT  
TITLE

NAME OF COMPANY SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.  
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..

RECONNECTION - 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.

VIOLATION RECONNECTION - 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.

LATE CHARGE - 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.

	<u>Normal Hours</u>
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  
TITLE

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

NAME OF COMPANY SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.  
WATER TARIFF

INDEX OF SERVICE AVAILABILITY

	<u>Sheet Number</u>
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  
TITLE

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

NAME OF COMPANY SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.  
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

PRESIDENT  
TITLE

NAME OF COMPANY SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.  
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.

DEFINITION - The actual or average cost to the utility to install the water measuring device at the point of delivery, including materials and labor required.

APPLICABILITY - 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 1/2"	\$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

TYPE OF FILING - TRANSFER

PRESIDENT  
TITLE

FLORIDA PUBLIC SERVICE COMMISSION

Certificate Number

363 - W

Upon consideration of the record it is hereby ORDERED that authority be and is hereby granted to:

SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.

Whose principal address is:


10230 S.E. Highway 25  
Belleview FL 34420 (Marion County)

to provide water service in accordance with the provision of Chapter 367, Florida Statutes, the Rules, Regulations and Orders of this Commission in the territory described by the Orders of this Commission.

This Certificate shall remain in force and effect until suspended, cancelled or revoked by Orders of this Commission.

ORDER	11138	DOCKET	819386-W (MC)
ORDER	11680	DOCKET	8 2 0 3 6 7 - W ,
			820408-W, 820409-W
ORDER	14206	DOCKET	840087-WU
ORDER	14978	DOCKET	840089-WU
ORDER	15296	DOCKET	850280-WU
ORDER	17161	DOCKET	861526-WU
ORDER	17733	DOCKET	870181-WU
ORDER	18081	DOCKET	860724-WU
ORDER	20707	DOCKET	880907-WU
ORDER	22239 "	DOCKET	891177-WU
ORDER	PSC-98-0385-FOF-WU	DOCKET	971297-WU
ORDER	PSC-99-2390-FOF-WU	DOCKET	980543-WU
ORDER	PSC-00-1062-FOF-WU	DOCKET	991681-WU

FLORIDA PUBLIC SERVICE COMMISSION



*Henry S. Lewis*

Director

Division of Records and Reporting

**PART II NEED FOR SERVICE**

- A) Exhibit \_\_\_ - If the applicant is requesting an extension of territory, a statement regarding the need for service in the proposed territory, such as anticipated development in the proposed service area.
- N.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**

A) WATER

- (1) Exhibit 17 - 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. *is required, if applicable.*
- (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. *existing is required.*
- N.A. (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**

Duplicate  
OK  
1 →

- A) Exhibit \_\_\_ - A statement as to the applicant's technical and financial ability to render reasonably sufficient, adequate and efficient service.
- B) Exhibit \_\_\_ - A detailed statement regarding the proposed method of financing the construction, and the projected impact on the utility's capital structure.
- C) Provide the number of the most recent Commission order establishing or amending the applicant's rates and charges. \_\_\_\_\_
- D) 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 22 - 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 23 - 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) **SYSTEM MAPS**

Exhibit 24 - 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 - FORWARDED 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

