



ORIGINAL

215 SOUTH MONROE STREET  
SUITE 815  
TALLAHASSEE, FLORIDA 32301

(850) 412-2000  
FAX: (850) 412-1307  
KATHRYN.COWDERY@RUDEN.COM

March 15, 2005

Blanca S. Bayo, Director  
Division of Commission Clerk and  
Administrative Services  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Betty Easley Building, Room 110  
Tallahassee, Florida 32399-0850

Via Hand Delivery

RECEIVED-HPSC  
MAR 15 PM 1:53  
COMMISSION  
CLERK

(050000)

Re: Request for 30 day extension of time in which to file regulatory assessment fees  
CWS Communities LP d/b/a Crystal Lake Club

Dear Ms. Bayo:

Enclosed pursuant to Rule 25-30.120(6)(b), is the above utility's request for 30 day extension of time in which to file regulatory assessment fees.

Please let me know if you have any questions.

Sincerely,

Kathryn G.W. Cowdery

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR 1
- GCL 1
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SEC 1
- OTH CCA/Fiscal

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FPSC-BUREAU OF RECORDS

TAL:51936:1

RUDEN, McCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.

DOCUMENT NUMBER-DATE

02528 MAR 15 05

**FLORIDA PUBLIC SERVICE COMMISSION**

Water and Sewer Utility  
*(Type of Industry)*

**REGULATORY ASSESSMENT FEE EXTENSION REQUEST**

Crystal Lake Club

*(Utility)*

WS 831

*(Utility Code)*

74-2860067

*(FEID No.)*

**Mailing Address:** 533 East Crystal Lake Drive  
Avon Park, FL 33825-9739

**PERIOD January 1 – December 31, 2004**

30 days to April 30, 2005

*Tamara...*  
*(Signature)*

Attorney

*(Title)*

*March 31, 2005*  
*(Date)*

(850) 412-2000

*(Telephone Number)*

(850) 412-1307

*(FAX Number)*

**NOTE TO UTILITY**

- Your Regulatory Extension Fee Request form must be filed and received by the Florida Public Service Commission at the address referenced below **AT LEAST TWO WEEKS before the payment due date of March 31, 2005**. Once your request is received, you will be notified by fax (or by mail when a faxed number is not provided) indicating that your request was approved or denied. **THIS IS NOT AN AUTOMATIC EXTENSION, THEREFORE YOU MUST RECEIVE APPROVAL FROM THE COMMISSION IN ORDER TO RECEIVE AN EXTENSION.**
- If an extension of 15 days or less is approved, 0.75% of the fee is to be included when making payment.
- If an extension of 16 to 30 days is approved, 1.5% of the fee is to be included when making payment.

**FOR PUBLIC SERVICE COMMISSION USE ONLY**

Request Approved

Request Denied

The 200\_\_ Regulatory Assessment Fee has not been received.

The 200\_\_ Regulatory Assessment Fee was delinquent. Prior penalty and/or interest has not been received for your 200\_\_ Regulatory Assessment Fee.

The request was received too late for processing.

APPROVED BY: \_\_\_\_\_

*(Fiscal Services Section Supervisor)*

*(Date)*

**IF YOU HAVE QUESTIONS, PLEASE CONTACT A STAFF MEMBER OF THE FISCAL SERVICES SECTION AT EITHER (850) 413-6275 – FAX (850) 413-6276 OR (850) 413-6267 – FAX (850) 413-6268; OR WRITE TO DIVISION OF THE COMMISSION CLERK AND ADMINISTRATIVE SERVICES, FISCAL SERVICES SECTION, 2540 SHUMARD OAK BOULEVARD, TALLAHASSEE, FLORIDA 32399.**