

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
 STAFF ASSISTED RATE CASE

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 COMMISSION
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I. GENERAL DATA

A. Name of Utility: **Cedar Acres, Inc.**

B. Address:

**Street - 13710 US 441
 Lady Lake, FL 32159**

**Mailing - 4700 Sheridan Street, Suite N
 Hollywood, FL 33021**

1. Telephone Nos.: **(954) 963-2225**

2. County: **Sumter**

Nearest City: **Lady Lake, FL**

3. General Area Served: **Oakland Hills Subdivision**

C. Authority:

1. Water Certificate No. **643-W**

Date Received: **July 14, 2009**

2. Wastewater Certificate No. **N/A**

Date Received: **N/A**

3. Date Utility Started Operations: Water: **1985**

Wastewater: **N/A**

D. How System Was Acquired: **Inherited**

If utility was purchased, give date **N/A**

Amount Paid \$ **N/A**

1. Name of Seller:

2. Was seller affiliated with present owners? Yes No

3. Did you purchase: Stock or assets only

E. Type of Legal Entity:

Corporation Partnership Sole Proprietorship

F. Ownership & Officers: **See Attached List of Ownership**

Name	Title	Percent Ownership
1. <u>David J. Simons</u>	<u>President</u>	
2. <u>Barbara M. Simons</u>	<u>Vice President</u> <u>Secretary / Treasurer /</u> <u>Manager</u>	<u>25%</u>
3. <u>Stayce L. Smith</u>		
4. _____		

G. List of Associated Companies and Addresses:

J.S.R.

4700 Sheridan Street, Suite N

Hollywood, FL 33765

H. If you have retained an attorney and/or a consultant to represent the utility for this application, furnish the name(s) and address(es):

Name:

Address:

N/A

II. ACCOUNTING DATA

A. Outside Accountant

1. Name:	Anthony Quinn De Santis, CPA	Benjamin T. Simmons, CPA
2. Firm:	CJN&W, CPAs	CJN&W, CPAs
3. Address:	2560 Gulf-to-Bay Blvd	2560 Gulf-to-Bay Blvd.
	Clearwater, FL 33765	Clearwater, FL 33765
4. Telephone:	(727) 791-4020	(740) 653-6900

B. Individual To Contact On Accounting Matters:

1. Name:	David Simons
2. Telephone:	(954) 963-2225
	4700 Sheridan Street, Suite N
	Hollywood, FL 33021

C. Location of Books and Records:

D. Have you filed an Annual Report with the Commission? Yes No

Date Last Filed: **September 29, 2014**

E. Has your latest Regulatory Assessment Fee Payment been made?

(January 30 or July 30 whichever is applicable) Jan 30 July 30

F. Basic Rate Base Data: (Most recent two years)

1. <u>Water:</u>	<u>2013</u>	<u>2012</u>
Cost of Plant In Service	\$ <u>427,303</u>	\$ <u>423,889</u>
Less Accumulated Depreciation	<u>(288,940)</u>	<u>(281,823)</u>
Less Contributed Plant	<u>-</u>	<u>-</u>
Net Owner's Investment	\$ 138,363	\$ 142,066
2. <u>Wastewater:</u>	<u>2013</u>	<u>2012</u>

Cost of Plant In Service	\$	<u>N/A</u>	\$	<u>N/A</u>
Less Accumulated Depreciation		<u>N/A</u>		<u>N/A</u>
Less Contributed Plant		<u>N/A</u>		<u>N/A</u>
Net Owner's Investment	\$	<u>N/A</u>	\$	<u>N/A</u>

G. Basic Income Statement: (Most recent two years)

1. Water:

		<u>2013</u>	<u>2012</u>
Revenues (By Class)			
a. Residential	\$	<u>35,234</u>	\$ <u>35,692</u>
b.		<u>-</u>	<u>-</u>
c.		<u>-</u>	<u>-</u>
Total Operating Revenues:	\$	<u>35,234</u>	\$ <u>35,692</u>
Less Expenses:			
a. Salaries & Wages - Employees		<u>-</u>	<u>-</u>
b. Salaries & Wages - Officers, Directors, & Majority Stockholders		<u>50,350</u>	<u>5,004</u>
c. Employee Pensions & Benefits		<u>-</u>	<u>-</u>
d. Purchased Water		<u>-</u>	<u>-</u>
e. Purchased Power		<u>1,471</u>	<u>3,559</u>
f. Fuel for Power Production		<u>-</u>	<u>-</u>
g. Chemicals		<u>-</u>	<u>-</u>
h. Materials & Supplies		<u>-</u>	<u>-</u>
i. Contractual Services		<u>20,666</u>	<u>22,134</u>
j. Rents		<u>-</u>	<u>-</u>
k. Transportation Expenses		<u>-</u>	<u>-</u>
l. Insurance Expense		<u>-</u>	<u>-</u>
m. Regulatory Commission Expense		<u>-</u>	<u>-</u>
n. Bad Debt Expense		<u>-</u>	<u>-</u>
o. Miscellaneous Expense		<u>11,244</u>	<u>2,571</u>
p. Depreciation Expense		<u>7,117</u>	<u>6,707</u>
q. Property Taxes		<u>999</u>	<u>390</u>
r. Other Taxes		<u>6,346</u>	<u>1,756</u>
s. Income Taxes		<u>-</u>	<u>-</u>
Operating Income (Loss)	\$	<u>(62,959)</u>	\$ <u>(6,429)</u>

2. Wastewater

Revenues (By Class):

- a. **N/A**
- b. **N/A**
- c. **N/A**

Total Operating Revenues:

Less Expenses:

- a. Salaries & Wages - Employees
- b. Salaries & Wages - Officers, Directors, & Majority Stockholders
- c. Employee Pensions & Benefits
- d. Purchased Wastewater Treatment
- e. Sludge Removal Expense
- f. Purchased Power
- g. Fuel for Power Production
- h. Chemicals
- i. Materials & Supplies
- j. Contractual Services
- k. Rents
- l. Transportation Expenses
- m. Insurance Expense
- n. Regulatory Commission Expense
- o. Bad Debt Expense
- p. Miscellaneous Expense
- q. Depreciation Expense
- r. Property Taxes
- s. Other Taxes
- t. Income Taxes

Operating Income (Loss)

<u>2013</u>	<u>2012</u>
\$ _____	\$ _____
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>\$ N/A</u>	<u>\$ N/A</u>
_____	_____
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>\$ N/A</u>	<u>\$ N/A</u>

H. Outstanding Debt:

Creditor	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1. <u>J.S.R.</u>	<u>12/10/09 - Current</u>	<u>236,126</u>	<u>5%</u>	<u>N/A</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

I. Indicate Type of Tax Return Filed:

- Form 1120 -Corporation
- Form 1120S -Subchapter S Corporation
- Form 1065 - Partnership
- Form 1040 - Schedule C - Individual (Proprietorship)

III

ENGINEERING DATA

A. Outside Engineering Consultant:

- 1. Name: **N/A**
- 2. Firm: **N/A**
- 3. Address: **N/A**
- 4. Telephone: () **N/A**

B. Individual to contact on engineering matters:

- 1. Name: **Kelvin Edun**
- 2. Telephone: **(352) 288- 5150**

C. Is the utility under citation by the Department of Environmental Protection (DEP) or County Health Department? If yes, explain: **N/A**

D. List any known service deficiencies and steps taken to remedy problems: **N/A**

E. Name of plant operator(s) and DEP operator certificate number(s) held: **Kelvin Edun, #C7459**

F. Is the utility serving customers outside of its certificated area? **NO**
If yes, explain: **N/A**

G. Wastewater:

- 1. Gallons per day capacity of treatment facilities:
 - a. Existing: **N/A**
 - b. Under Construction: **N/A**
 - c. Proposed: **N/A**
- 2. Type and make of present treatment facilities: **N/A**
- 3. Approximate average daily flow of treatment plant effluent: **N/A**

4. Approximate length of wastewater mains:

Size (diameter):	N/A				
Linear feet:	N/A				

- 5. Number of manholes: **N/A**
- 6. Number of lift stations: **N/A**
- 7. How do you measure treatment plant effluent? **N/A**
- 8. Is the treatment plant effluent chlorinated? **N/A**

If yes, what is the normal dosage rate? **N/A**

- 9. Tap in fees – Wastewater: \$ **N/A**
- 10. Service availability fees – Wastewater: \$ **N/A**
- 11. Note DEP Treatment Plant Certificate Number and date of expiration: **N/A**
Number Expiration Date: **N/A**
- 12. Total gallons treated during most recent twelve months: **N/A**
- 13. Wastewater treatment purchased during most recent twelve months: **N/A**

H. Water:

- 1. Gallons per day capacity of treatment facilities:
a. Existing: **428,000** b. Under Construction : **0** c. Proposed: **0**
- 2. Type of treatment: **Chlorine Metered Pump**
- 3. Approximate average daily flow of treated water: **70,000**
- 4. Source of water supply: **FL Aquifer**
- 5. Types of chemicals used and their normal dosage rates: **Sodium Hypochlorite up to 30 gallons but never need all 30 gallons.**
- 6. Number of wells in service: **2**
Total capacity in gallons per minute (gpm): **600**

Diameter/Depth:	8" / 507	8" / 507	
Motor horsepower:	20	20	
Pump capacity (gpm):	300	300	

- 7. Reservoirs and/or hydropneumatic tanks:

Description:	Hydromatic	Hydromatic	
Capacity:	5,000	5,000	

- 8. High service pumping:

Motor horsepower:	N/A			
Pump capacity (gpm):	N/A			

- 9. How do you measure treatment plant production?

- 10. Approximate feet of water mains:

Size (diameter):	4"	6"	8"	
Linear feet:	3,210	6,810	4,150	

- 11. Note any fire flow requirements and imposing government agency: **N/A**

- 12. Number of fire hydrants in service: **0**

13. Do you have a meter change out program? No Yes
14. Meter installation or tap in fees - Water \$ None
15. Service availability fees - Water \$ None
16. Has the existing treatment facility been approved by DEP? No Yes
17. Total gallons pumped during most recent twelve months: **26,742**
18. Total gallons sold during most recent twelve months: **22,159**
19. Gallons unaccounted for during most recent twelve months: **4,583**
20. Gallons purchased during most recent twelve months: **0**

IV. RATE DATA

A. Individual to contact on tariff matters:

1. Name: **David Simons**
2. Telephone Number: **(954) 963-2225**

B. Schedule of present rates: (Attach additional sheets if more space is needed)

1. Water:

a. Residential Water	<u>Base Fee - \$9.00 Usage – 4.5 Cents per 1000 Gallons</u>
b. General Service	<u>Base Fee - \$9.00 Usage – 4.5 Cents per 1000 Gallons</u>
c. Special Contract	<u>N/A</u>
d. Other - Specify	<u>N/A</u>

2. Wastewater:

a. Residential Wastewater	<u>N/A</u>
b. General Service	<u>N/A</u>
c. Special Contract	<u>N/A</u>
d. Other - Specify	<u>N/A</u>

C. Number of Customers: (Most recent two years)

1. Water Metered	<u>2013</u>	<u>2012</u>
a. Residential	<u>261</u>	<u>261</u>
b. General Service	<u>N/A</u>	<u>N/A</u>
c. Special Contract	<u>N/A</u>	<u>N/A</u>
d. Other - Specify	<u>N/A</u>	<u>N/A</u>
2. Water Unmetered	<u>2013</u>	<u>2012</u>
a. Residential	<u>N/A</u>	<u>N/A</u>
b. General Service	<u>N/A</u>	<u>N/A</u>
c. Special Contract	<u>N/A</u>	<u>N/A</u>
d. Other - Specify	<u>N/A</u>	<u>N/A</u>
3. Wastewater	<u>2013</u>	<u>2012</u>
a. Residential	<u>N/A</u>	<u>N/A</u>
b. General Service	<u>N/A</u>	<u>N/A</u>
c. Special Contract	<u>N/A</u>	<u>N/A</u>
d. Other - Specify	<u>N/A</u>	<u>N/A</u>

V. AFFIRMATION

I, **David J. Simons** the undersigned owner, officer, or partner of the above named public utility, doing business in the State of Florida and subject to the control and jurisdiction of the Florida Public Service Commission, certify that the statements set forth herein are true and correct to the best of my information, knowledge, and belief.

Signed _____
Title President

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

REPORT OF

Cedar Acres, Inc.
 (Exact name of utility)

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

Name	Percent Ownership In Utility	Principle Business Address	Salary Charged Utility
Barbara M. Simons	25.00%	854 Cardinal Pointe Cove Sanford, FL 32771	None
Jerome A. Simons	20.00%	738 N. Crescent Drive Hollywood, FL 33021	None
Leonard Rapp	5.00%	1341 SE 3rd Avenue, #308 Dania Beach, FL 33004	None
Bonie G. Cohen	7.8125%	c/o Dr. David K. Cohen 3301 Plainview, #D-6 Pasadena, CA 77504	None
Miriam D. Cohen	7.8125%	11342-B Park Central Plaza Dallas, TX 75230	None
Tampa Orlando Pinellas Jewish Foundation	6.25%	13009 Community Campus Drive Tampa, FL 33625	None
Marjorie Gills	5.00%	9720 S. Hollybrook Lake Dr. #303 Pembroke Pines, FL 33025	None
J. Jeffrey Williams	5.00%	4333 Deerbrook Way Lilburn, GA 30047	None