

950823-WS

DOCKET NO. ~~950283~~

REQUEST TO ESTABLISH DOCKET

Date July 12, 1995

- 1. Division Name/Staff Name Water and Wastewater/ Martha Golden
- 2. OPR M. Golden
- 3. OCR \_\_\_\_\_
- 4. Suggested Docket Title Request for exemption from Florida Public Service Commission regulation for provision of water and wastewater service in Marion County by Oak Trace Villas Homeowner Association

5. Suggested Docket Mailing List (attach separate sheet if necessary)

A. Parties (Provide names of regulated companies or use abbreviation from list below if Parties should include all regulated companies in one or more industries; provide names and addresses of nonregulated companies; provide names, addresses, and affiliation (i.e., attorney, company liaison officer, or customer) of individuals.)

Francis F. Callahan, Vice President

Oak Trace Villas Limited Partnership

P.O. Box 385

Stratford, CT (no zip code was provided)

B. Interested Persons/Companies (Provide names, complete mailing addresses, and affiliation. Use abbreviation from list below if Interested Persons should include all regulated companies in one or more industries.)

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

REGULATED INDUSTRIES

Investor-Owned Electrics (EI)	Water Utilities (WU)
Electric Cooperatives (EC)	Local Exchange Telephone Cos. (TL)
Municipal Electrics (EM)	Interexchange Telephone Cos. (TI)
Gas Utilities (GU)	Coin-Operated Telephone Cos. (TC)
Wastewater Utilities (SU)	Shared Tenant Telephone Cos. (TS)
	Alternate Access Vendors (TA)

6. Check One:

Documentation attached.

Documentation will be provided with recommendation.

# OAKTRACE

VILLAS OF OCALA  
*You'll love to call us home.*

June 21, 1995

**RECEIVED**  
JUL 03 1995

Mr. John D. Williams  
Chief of Policy Development and  
Industry Structure  
Fletcher Building  
101 East Gaines Street  
Tallahassee, Fl. 32399-0850

Florida Public Service Commission  
Division of Water and Wastewater

Re: Oak Trace Villas

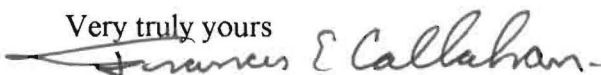
Dear Mr. Williams;

I have reviewed the package you sent us on April 11, 1995 and have conferred with our consultants and feel we qualify for an Exemption under Chapter 367 of the Florida Statutes. The Water and Wastewater System is owned by Oak Trace Villas Limited Partnership but is controlled by the Oak Trace Villas Homeowner Association, a corporation. When the Association is turned over to the Homeowners the plant will be transferred to the Association. There is no charge for water or sewer to the individuals except that a portion of their monthly Homeowner dues pay for the testing and chemicals required for operation of the plants. There is no billing or meter readings that occur.

The plants are located on the property at 10400 S.W. 103 Street Ocala, Fl. The applicants mailing address is Oak Trace Villas Limited Partnership, PO BOX 385 Stratford, CT. Telephone Number 203-380-2860 and the contact person is Francis E. Callahan. We are aware of Section 837.06 of the Florida Statutes.

We feel we qualify for an Exemption under 367.022(7). I am enclosing a copy of the covenants and restrictions on the property. There are no by-laws but they are currently being drafted by our attorney and will contain all the requirements on page 30-18. There are currently 48 units sold out of a possible 204. I am enclosing a copy of the Homeowners Income Tax return to indicate the extent of there involvement in the water and Sewer Plant. The Articles Of Incorporation will be forwarded under separate cover.

Very truly yours



Francis E. Callahan  
Vice President

W 3047155  
JUL 11 1995 8-70P 5651  
KING

**S. Corporation Income Tax Return**

**1994**

For calendar year 1994 or tax year beginning ....., 1994, ending ....., 19 ...  
▶ Instructions are separate. See page 1 for Paperwork Reduction Act Notice.

<b>A</b> Check if a: 1 Consolidated return (attach Form 851) <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (as defined in Temporary Regs. sec. 1.441-4T—see instructions) <input type="checkbox"/>	<b>Use IRS label. Otherwise, please print or type.</b>	<b>Name</b> OAIL TRACE VILLAS HOMEOWNERS ASSOCIATION, INC	<b>B Employer identification number</b> 59-0155622
		<b>Number, street, and room or suite no. (if a P.O. box, see page 6 of instructions.)</b> 14277 WALSLINGHAM RD	<b>C Date incorporated</b>
		<b>City or town, state, and ZIP code</b> LARGO FLA 34644	<b>D Total assets (see Specific Instructions)</b>

**E** Check applicable boxes: (1)  Initial return (2)  Final return (3)  Change of address \$

Income		Deductions (See instructions for limitations on deductions.)		Tax and Payments	
1a	Gross receipts or sales	b	Less returns and allowances	c	Bal ▶
2	Cost of goods sold (Schedule A, line 8)	12	Compensation of officers (Schedule E, line 4)	30	Taxable income. Subtract line 29c from line 28
3	Gross profit. Subtract line 2 from line 1c	13	Salaries and wages (less employment credits)	31	Total tax (Schedule J, line 10)
4	Dividends (Schedule C, line 19)	14	Repairs and maintenance	32a	Payments: a 1993 overpayment credited to 1994
5	Interest	15	Bad debts	32b	b 1994 estimated tax payments
6	Gross rents	16	Rents	32c	c Less 1994 refund applied for on Form 4466
7	Gross royalties	17	Taxes and licenses	d	d Bal ▶
8	Capital gain net income (attach Schedule D (Form 1120))	18	Interest	32d	e Tax deposited with Form 7004
9	Net gain or (loss) from Form 4797, Part II, line 20 (attach Form 4797)	19	Charitable contributions (see instructions for 10% limitation)	32e	f Credit from regulated investment companies (attach Form 2439)
10	Other income (see instructions—attach schedule) MEMBERSHIP DUES + ASSMNTS	20	Depreciation (attach Form 4562)	32f	g Credit for Federal tax on fuels (attach Form 4136). See instructions
11	Total income. Add lines 3 through 10	21a	Less depreciation claimed on Schedule A and elsewhere on return	32g	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached
		21b	Depletion	34	Tax due. If line 32h is smaller than the total of lines 31 and 33, enter amount owed
		22	Advertising	35	Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid
		23	Pension, profit-sharing, etc., plans	36	Enter amount of line 35 you want: Credited to 1995 estimated tax ▶ Refunded ▶
		24	Employee benefit programs		
		25	Other deductions (attach schedule)		
		26	Total deductions. Add lines 12 through 26		
		27	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		
		28	Less: a Net operating loss deduction (see instructions)		
		29a	b Special deductions (Schedule C, line 20)		
		29b			
		29c			

**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. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  
 Signature of officer: *James E. Callahan* Date: 5-15-95 Title: Vice Pres.

**Paid Preparer's Use Only**  
 Preparer's signature: *[Signature]* Date: 3/17/95 Check if self-employed  Preparer's social security number: 049-25-7777  
 Firm's name (or yours if self-employed) and address: FRIEDBERG, SMITH & CO., P.C., 855 MAIN STREET, BRIDGEPORT, CT 06604  
 E.I. No. \_\_\_\_\_ ZIP code \_\_\_\_\_