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MARTIN S. FRIEDMAN, P.A.
VALERIE L. LORD
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July 16, 2007

VIA HAND DELIVERY

Ann Cole, Commission Clerk
Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399

(WS814)

RECEIVED-FPSC
07 JUL 16 AM 11:15
COMMISSION
CLERK

070414-WS

RE: Docket No.: _____; Hidden Cove, Ltd.'s Application for Staff Assisted Rate Case
Our File No.: 42036.01

Dear Ms. Cole:

CMP _____ Enclosed is the Application of Hidden Cove, Ltd., for a Staff Assisted Rate Case for
COM _____ its utility system in Polk County, Florida.

CTR _____ This Application is being filed simultaneously with 4 other small utilities in Polk
ECR _____ County since there will be some allocations of common expenses.

GCL _____

OPC 1

RCA _____

SCR _____

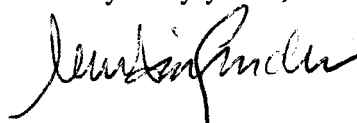
SGA _____

SEC _____

OTH _____

MSF/mp
Enclosures

Very truly yours,



MARTIN S. FRIEDMAN
For the firm

cc: Mr. Ron Baxley (w/o enclosure)

M:\1 ALTAMONTE\HIDDEN COVE, LTD\FPSC Clerk 01.ltr.wpd

DOCUMENT NUMBER-DATE

05922 JUL 16 07

FPSC-COMMISSION CLERK

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

ORIGINAL

070414-WS

I. General Data

- A. Name of utility HIDDEN COVE, LTD.
- B. Address 500 SOUTH FLORIDA AVE, STE. 700
LAKELAND, FL 33801
1. Telephone Nos. (813) 647-1581
2. County POLK Nearest City _____
3. General area served HIDDEN COVE MOBILE HOME PARK

C. Authority:

1. Water Certificate No. 607-W Date Received 6/22/99
2. Wastewater Certificate No. 523-S Date Received 6/22/99
3. Date utility started operations: Water 1982 Wastewater 1982

- D. How system was acquired BUILT
- If utility was purchased, give date _____ Amount Paid _____
1. Name of Seller _____
2. Was seller affiliated with present owners? _____
3. Did you purchase: Stock _____ or assets only _____

- E. Type of legal entity: Corporation, Partnership or Sole Proprietorship
LIMITED PARTNERSHIP

F. Ownership & Officers:

Name	Title	Percent Ownership
1. TODD MAXWELL	Pres. of G.P.	
2. A.T.A. PROPERTIES, INC.	G.P.	1%
3. JOHN MAXWELL	L.P.	10%
4. T & A INVESTMENTS, INC.	L.P.	89%

PSC/ECR 2 (Rev. 3/02)

G. List of Associated Companies and Addresses:

1. S.V. UTILITIES, LTD.
2. CHC VII, LTD
3. ANGLERS COVE WEST, LTD.
4. PLANTATION LANDINGS, LTD.

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):

Martin S. Friedman, Esquire
Rose, Sundstrom & Bentley, LLP
2180 W. State Road 434, Suite 2118
Longwood, FL 32779

II. Accounting Data

A. Outside Accountant

1. Name JIM D. LEE, CPA
2. Firm _____
3. Address 500 SOUTH FLORIDA AVE, STE 640, LAKELAND, FL 33801
4. Telephone (863) 647-1581

B. Individual to contact on accounting matters:

1. Name JIM D. LEE, CPA
2. Telephone (863) 647-1581

C. Location of books and records COMPANY OFFICE

D. Have you filed an Annual Report with the Commission? Yes

Date Last Filed 5/1/07

E. Has your latest semiannual regulatory assessment fee payment been made (January 30 or July 30 whichever is applicable)? Yes

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

	2006	2005
1. Water		
Cost of Plant In Service:	\$ <u>60,286</u>	\$ <u>60,286</u>
Less Accumulated Depreciation:	<u>39,410</u>	<u>37,929</u>
Less Contributed Plant:	<u>0</u>	<u>0</u>
Net Owner's Investment:	\$ <u>20,876</u>	\$ <u>22,357</u>

2. Wastewater	2006	2005
Cost of Plant In Service:	\$ <u>188,063</u>	\$ <u>188,063</u>
Less Accumulated Depreciation:	<u>159,954</u>	<u>157,335</u>
Less Contributed Plant:	<u>0</u>	<u>0</u>
New Owner's Investment:	\$ <u>28,109</u>	\$ <u>30,728</u>

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

1. Water	2006	2005
Revenues (By Class):		
a. <u>RESIDENTIAL</u>	\$ <u>11,500</u>	\$ <u>11,500</u>
b. _____	_____	_____
c. _____	_____	_____
Total Operating Revenues:	\$ <u>11,500</u>	\$ <u>11,500</u>
Less Expenses:		
a. Salaries & Wages - Employees	<u>4,147</u>	<u>4,228</u>
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	_____	_____
c. Employee Pensions & Benefits	_____	_____
d. Purchased Water	_____	_____
e. Purchased Power	<u>3,477</u>	<u>2,677</u>
f. Fuel for Power Production	_____	_____
g. Chemicals	<u>1,100</u>	<u>657</u>
h. Materials & Supplies	<u>200</u>	<u>862</u>
i. Contractual Services	<u>22,962</u>	<u>19,783</u>
j. Rents	_____	_____
k. Transportation Expenses	_____	<u>431</u>
l. Insurance Expense	<u>1,650</u>	<u>1,232</u>
m. Regulatory Commission Expense	<u>517</u>	<u>517</u>
n. Bad Debt Expense	_____	_____
o. Miscellaneous Expense	<u>6,991</u>	<u>5,642</u>
p. Depreciation Expense	<u>1,498</u>	<u>1,498</u>
q. Property Taxes	<u>468</u>	<u>276</u>
r. Other Taxes	_____	_____
s. Income Taxes	_____	_____
Operating Income (Loss)	(\$ <u>32,010</u>)	(\$ <u>26,303</u>)

2.	Wastewater	20 <u>06</u>	20 <u>05</u>
	Revenues (By Class):		
a.	<u>RESIDENTIAL</u>	<u>11,500</u>	<u>11,499</u>
b.	_____	_____	_____
c.	_____	_____	_____
	Total Operating Revenues:	\$ <u>11,500</u>	\$ <u>11,499</u>
	Less Expenses:		
a.	Salaries & Wages - Employees	\$ <u>4,144</u>	\$ <u>4,228</u>
b.	Salaries & Wages - Officers, Directors, & Majority Stockholders	_____	_____
c.	Employee Pensions & Benefits	_____	_____
d.	Purchased Wastewater Treatment	_____	_____
e.	Sludge Removal Expense	<u>4,325</u>	<u>4,355</u>
f.	Purchased Power	<u>1,942</u>	<u>2,103</u>
g.	Fuel for Power Production	_____	_____
h.	Chemicals	<u>3,929</u>	<u>2,247</u>
i.	Materials & Supplies	<u>2,081</u>	<u>2,516</u>
j.	Contractual Services	<u>22,903</u>	<u>39,096</u>
k.	Rents	_____	_____
l.	Transportation Expenses	_____	<u>431</u>
m.	Insurance Expense	<u>1,650</u>	<u>1,232</u>
n.	Regulatory Commission Expense	<u>518</u>	<u>518</u>
o.	Bad Debt Expense	_____	_____
p.	Miscellaneous Expense	<u>6,296</u>	<u>6,542</u>
q.	Depreciation Expense	<u>2,632</u>	<u>2,632</u>
r.	Property Taxes	<u>2,454</u>	<u>1,444</u>
s.	Other Taxes	_____	_____
t.	Income Taxes	_____	_____
	Operating Income (Loss)	(\$ <u>41,434</u>)	(\$ <u>55,845</u>)

H. Outstanding Debt:

	Creditor	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1.	<u>NORTHWESTERN MUTUAL LIFE</u>	<u>9.25.03</u>	<u>\$ 1,519,491</u>	<u>4.96%</u>	<u>11.1.2013</u>
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

I. Indicate Type of Tax Return Filed:

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

III. Engineering Data

A. Outside Engineering Consultant:

1. Name _____
2. Firm _____
3. Address _____
4. Telephone () _____

B. Individual to contact on engineering matters:

1. Name _____
2. Telephone () _____

C. Is the utility under citation by the Department of Environmental Protection (DEP) or county health department? If yes, explain. NO

D. List any known service deficiencies and steps taken to remedy problems.

NONE

E. Name of plant operator (s) and DEP operator certificate number (s) held. JERRY CORYELL - CLASS C WATER AND WASTEWATER LICENSES

F. Is the utility serving customers outside of its certificated area? NO

If yes, explain _____

G. Wastewater:

1. Gallons per day capacity of treatment facilities existing .02 MGD
under construction _____ proposed _____

2. Type and make of present treatment facilities Concrete - extended air

3. Approximate average daily flow of treatment plant effluent 9,074

4. Approximate length of wastewater mains:

Size (diameter)	3"	6"	8"	_____	_____
Linear feet	<u>850</u>	<u>250</u>	<u>3308</u>	_____	_____

5. Number of manholes 12

6. Number of liftstations 1

7. How do you measure treatment plant effluent? slugged time meters

8. Is the treatment plant effluent chlorinated? YES If yes, what is the normal dosage rate? 3 gallons/day
9. Tap in fees - Wastewater \$ 0
10. Service availability fees - Wastewater \$ 0
11. Note DEP Treatment Plant Certificate Number and date of expiration: Number DO-53-252380
Expiration Date _____
12. Total gallons treated during most recent twelve months 3,312,000
13. Wastewater treatment purchased during most recent twelve months 0

H. Water

1. Gallons per day capacity of treatment facilities existing 432,000 under construction 0 proposed 0
2. Type of treatment PRIMARY
3. Approximate average daily flow of treated water 23,425
4. Source of water supply GROUND
5. Types of chemicals used and their normal dosage rates liquid chlorine
3 gallons/day
6. Number of wells in service 1 Total capacity in gallons per minute (gpm) 380
- | | | | |
|---------------------|-----------------|------------|------------|
| Diameter/Depth | <u>6" / 100</u> | <u>1</u> | <u>1</u> |
| Motor horsepower | <u>7.5</u> | <u> </u> | <u> </u> |
| Pump capacity (gpm) | <u>380</u> | <u> </u> | <u> </u> |
7. Reservoirs and/or hydropneumatic tanks:
- | | | | |
|-------------|---------------------|------------|------------|
| Description | <u>STEEL-GROUND</u> | <u> </u> | <u> </u> |
| Capacity | <u>3,000</u> | <u> </u> | <u> </u> |
8. High service pumping:
- | | | | | |
|---------------------|------------|------------|------------|------------|
| Motor horsepower | <u>N/A</u> | <u> </u> | <u> </u> | <u> </u> |
| Pump capacity (gpm) | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
9. How do you measure treatment plant production? flow meter
10. Approximate feet of water mains:
- | | | | | |
|-----------------|------------|-------------|-------------|------------|
| Size (diameter) | <u>1"</u> | <u>2"</u> | <u>4"</u> | <u> </u> |
| Linear feet | <u>400</u> | <u>2300</u> | <u>1600</u> | <u> </u> |
11. Note any fire flow requirements and imposing government agency

12. Number of fire hydrants in service NONE

- 13. Do you have a meter change out program? NO METERS
- 14. Meter installation or tap in fees - Water \$ 0
- 15. Service availability fees - Water \$ 0
- 16. Has the existing treatment facility been approved by DEP? YES
- 17. Total gallons pumped during most recent twelve months 8,550,000
- 18. Total gallons sold during most recent twelve months UNMETERED
- 19. Gallons unaccounted for during most recent twelve months 0
- 20. Gallons purchased during most recent twelve months 0

IV. Rate Data

A. Individual to contact on tariff matters:

- 1. Name _____
- 2. Telephone Number (____) _____

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

- 1. Water: ~~Wastewater~~
 - a. Residential Water \$15.71 flat rate
 - b. General Service _____
 - c. Special Contract _____
 - d. Other _____

- 2. ~~Wastewater:~~
 - a. ~~Residential Wastewater~~ _____
 - b. ~~General Service~~ _____
 - c. ~~Special Contract~~ _____
 - d. ~~Other~~ _____

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

1. Water Metered	<u>2006</u>	<u>2005</u>
a. Residential	_____	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - Specify	_____	_____
2. Water Unmetered	<u>2006</u>	<u>2005</u>
a. Residential	<u>122</u>	_____
b. General Service	_____	_____
c. Special Contract	_____	_____
d. Other - Specify	_____	_____

3. Wastewater

2006

2005

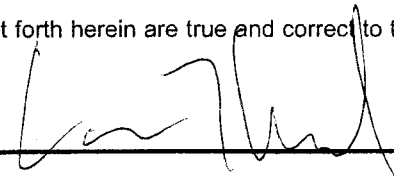
- a. Residential
- b. General Service
- c. Special Contract
- d. Other - Specify

122		

V. Affirmation

I, TODD MAXWELL 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

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.