

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715080

FILED
Jan 26, 2009
Secretary of State

Entity Name: SOUTH WALTON UTILITY COMPANY, INC.

Current Principal Place of Business:

79 SCENIC GULF DR.
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

369 MIRAMAR BEACH DRIVE
MIRAMAR BEACH, FL 32550 US

Current Mailing Address:

79 SCENIC GULF DR.
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

369 MIRAMAR BEACH DRIVE
MIRAMAR BEACH, FL 32550 US

FEI Number: 59-1673712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANCHORS, C LEDON
909 MAR WALT DRIVE, SUITE 1014
FT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KINARD, RAY
Address: 239 WEKIVA COVE
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: BROWN, DAVE
Address: 746 BAYSHORE DRIVE
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: TD () Delete
Name: BERBERICH, BILL
Address: 1526 ISLAND GREEN
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: SD () Delete
Name: RICHARDSON, MICHAEL
Address: 11176 HIGHWAY 98 WEST
City-St-Zip: DESTIN, FL 32550

Title: PD () Delete
Name: MCGILL, JACK
Address: 501 MAGNOLIA PLACE
City-St-Zip: DESTIN, FL 32550

Title: VD () Delete
Name: FLYNT, MICHAEL
Address: 204 BAYSHORE DRIVE
City-St-Zip: DESTIN, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK MCGILL

PRES

01/26/2009

Electronic Signature of Signing Officer or Director

_____ Date