07-27-1999 90018 002 ... 140.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 AUG -9 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000267

1. Corporation Name
SAILFISH POINT UTILITY CORPORATION

Principal Place of Business	Mailing Address
2201 SOUTH EAST SAILFISH POINT BLVD. STUART FL 34996	2201 SOUTH EAST SAILFISH POINT BLVD. STUART FL 34996

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/17/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0856397 [redacted] ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WHITSON, WILLIAM C 2201 SOUTH EAST SAILFISH POINT BLVD. STUART FL 34996	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	VPD	☐ Change ☒ Addition
NAME	SPIEGEL, JAMES I		1.2 NAME	Kaplan, Jay G.	
STREET ADDRESS	2201 SE SAILFISH PT BLVD		1.3 STREET ADDRESS	2201 SE Sailfish Point Blvd	
CITY-ST-ZIP	STUART FL 34996		1.4 CITY-ST-ZIP	Stuart, FL. 34996	
TITLE	VPD	☒ DELETE	2.1 TITLE	PD	☐ Change ☒ Addition
NAME	DELCOLLO, MICHAEL		2.2 NAME	WATSON, H. MITCHELL	
STREET ADDRESS	2201 SE SAILFISH PT BLVD		2.3 STREET ADDRESS	2201 SE Sailfish Point Blvd	
CITY-ST-ZIP	STUART FL 34996		2.4 CITY-ST-ZIP	Stuart, FL. 34996	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOLDEN, ALAN		3.2 NAME		
STREET ADDRESS	2201 SE SAILFISH PT BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34996		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SALVATORI, ANNE		4.2 NAME		
STREET ADDRESS	2201 SE SAILFISH PT BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34996		4.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PRESENT, SUSAN		5.2 NAME		
STREET ADDRESS	2201 SE SAILFISH PT BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34996		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	TS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Susan PRESENT 6/30/99 561 225 1000 X12
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #