

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715080

**Entity Name:** SOUTH WALTON UTILITY COMPANY, INC.

**Current Principal Place of Business:**

369 MIRAMAR BEACH DRIVE  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

369 MIRAMAR BEACH DRIVE  
MIRAMAR BEACH, FL 32550 US

**FEI Number:** 59-1673712

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ANCHORS, C LEDON  
909 MAR WALT DRIVE, SUITE 1014  
FT WALTON BEACH, FL 32547 US

*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

**Officer/Director Detail :**

Title VP  
Name BROWN, DAVID  
Address 746 BAYSHORE DRIVE  
City-State-Zip: MIRAMAR BEACH FL 32550

Title PRESIDENT  
Name RICHARDSON, MICHAEL  
Address 11176 HIGHWAY 98 WEST  
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR  
Name ABT, PETER M  
Address 294 BAYTREE DRIVE  
City-State-Zip: MIRAMAR BEACH FL 32550

Title SECRETARY  
Name STEPHEN, DIXON D  
Address 146 BAYSHORE DRIVE  
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR  
Name TERRY, DUSTIN K  
Address 135 AZURE PLACE  
City-State-Zip: MIRAMAR BEACH FL 32550

Title TREASURER  
Name SCHELER, JASON  
Address 482 DRIFTWOOD PT RD  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR  
Name STOWE, DAVID L  
Address 3201 BAY ESTATES DR  
City-State-Zip: MIRAMAR BEACH FL 32550

*I hereby 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 all other like empowered.*

**SIGNATURE:** STEPHEN D. DIXON

**SECRETARY**

**02/14/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date