

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000267

Entity Name: SAILFISH POINT UTILITY CORPORATION**Current Principal Place of Business:**2201 SOUTH EAST SAILFISH POINT BLVD.
STUART, FL 34996**Current Mailing Address:**2201 SOUTH EAST SAILFISH POINT BLVD.
STUART, FL 34996 US**FEI Number:** 65-0856397**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EWING, EDWARD J JR.
2201 SOUTH EAST SAILFISH POINT BLVD.
STUART, FL 34996 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	SECR
Name	OWEN, MIKE
Address	2201 SE SAILFISH POINT BLVD
City-State-Zip:	STUART FL 34996

Title	VP
Name	FISHER, NOREEN
Address	2201 SE SAILFISH PT BLVD
City-State-Zip:	STUART FL 34996

Title	CFO
Name	CORK, KATHLEEN M
Address	2201 SE SAILFISH PT BLVD
City-State-Zip:	STUART FL 34996

Title	TREA
Name	BURNS, CHARLIE
Address	2201 SE SAILFISH POINT BLVD.
City-State-Zip:	STUART FL 34996

Title	GM
Name	EWING, EDWARD J JR.
Address	2201 SE SAILFISH POINT BLVD.
City-State-Zip:	STUART FL 34996

Title	PRESIDENT
Name	HERSKOWITZ, ALLEN
Address	2201 SOUTH EAST SAILFISH POINT BLVD.
City-State-Zip:	STUART FL 34996

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: KATHLEEN CORK

CFO

03/29/2016

Electronic Signature of Signing Officer/Director Detail_____
Date