

2025 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:**KRIGE, SHANE
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:** SHANE KRIGE

04/17/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	FISHER, ROBERT
Address	2201 SE SAILFISH POINT 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	PRESIDENT
Name	BARR, GEORGE
Address	2201 SE SAILFISH POINT BLVD.
City-State-Zip:	STUART FL 34996

Title	COO
Name	KRIGE, SHANE
Address	2201 SE SAILFISH POINT BLVD.
City-State-Zip:	STUART FL 34996

Title	TREASURER
Name	DRASTAL, JOHN S
Address	2201 SOUTH EAST SAILFISH POINT BLVD.
City-State-Zip:	STUART FL 34996

Title	SECRETARY
Name	SULLIVAN, SHAUN
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

04/17/2025

Electronic Signature of Signing Officer/Director Detail

Date