

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001910

**FILED**  
**Mar 12, 2014**  
**Secretary of State**  
**CC4233088261**

**Entity Name:** SUNSET BEACH/300 OCEAN MILE UTILITY COOPERATIVE, INC.

**Current Principal Place of Business:**

1920 E. GULF BEACH DRIVE  
ST. GEORGE ISLAND, FL 32328

**Current Mailing Address:**

P O BOX 161  
EASTPOINT, FL 32328 US

**FEI Number: 59-3576845**

**Certificate of Status Desired: Yes**

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

COMMUNITY MANAGEMENT SERVICES, INC  
1914 SUNSET DR  
ST. GEORGE ISLAND, FL 32328 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           PRESIDENT  
Name           GODA, MICHAEL A  
Address        10477 TONEY AVENUE  
City-State-Zip: FONTANET IN 47851

Title           DIRECTOR  
Name           NOEL, LEROY  
Address        LEGACY RIDGE II  
                  1095 SILVERCREST CIRCLE CONDO  
                  220  
City-State-Zip: IOWA CITY IA 52240

Title           TREASURER  
Name           KALET, GEORGE  
Address        300 FOREST CENTER DRIVE  
                  APT. 2109  
City-State-Zip: KINGWOOD TX 77339

Title           SECRETARY  
Name           BROOKS, ALBERT  
Address        42 OAKMONT DRIVE  
City-State-Zip: ROME GA 30161

Title           VP  
Name           RAKEL, G. PIERRE  
Address        714 EAST LEE STREET  
City-State-Zip: DAWSON GA 39842

*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: MICHAEL A. GODA**

**P**

**03/12/2014**

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

\_\_\_\_\_  
Date