

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 558041

**FILED**  
**Jan 05, 2017**  
**Secretary of State**  
**CC7264703031**

**Entity Name:** NORTH FORT MYERS UTILITY, INC.

**Current Principal Place of Business:**

5195 NW 77 AVE  
MIAMI, FL 33166

**Current Mailing Address:**

5195 NW 77 AVE  
MIAMI, FL 33166

**FEI Number:** 59-1837142

**Certificate of Status Desired:** No

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

HECHTKOPF, LARA S  
5195 NW 77 AVE  
MIAMI, FL 33166 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:** LARA HECHTKOPF

01/05/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            CEOP  
Name            SCHENKMAN, JOEL  
Address        5195 NW 77 AVE  
City-State-Zip: MIAMI FL 33166

Title            ST  
Name            SCHENKMAN, RANDY  
Address        5195 NW 77 AVE  
City-State-Zip: MIAMI FL 33166

Title            VP  
Name            HECHTKOPF, LARA SESQ  
Address        5195 NW 77 AVE  
City-State-Zip: MIAMI FL 33166

Title            VP  
Name            SCHENKMAN, IAN  
Address        5195 NW 77 AVE  
City-State-Zip: MIAMI FL 33140

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** IAN SCHENKMAN

**VICE PRESIDENT**

01/05/2017

Electronic Signature of Signing Officer/Director Detail

Date