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Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 733707 (4)  
1. Corporation Name  
CLUB UTILITAS, INC.



Principal Place of Business: 1002 AVENUE "L", P.O. BOX 61, FORT PIERCE FL 34954 US  
Mailing Address: POST OFFICE BOX 61, P.O. BOX 61, FORT PIERCE FL 34954 US

3. Date Incorporated or Qualified: 09/02/1975  
4. FEI Number: 59-2736109  
Applied For: Not Applicable

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
MCDONALD, BERTHA  
2103 JUANITA AVE.  
FORT PIERCE FL 34947

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	JESSYE WALKER	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2102 VALENCIA	1.2 NAME	
STREET ADDRESS	FORT PIERCE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P MCDONALD, BERTHA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2103 JUANITA AVE.	2.2 NAME	
STREET ADDRESS	FT. PIERCE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	FST JOHNSON, YVONNE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1127 FORESTHILL COVE	3.2 NAME	
STREET ADDRESS	PORT ST. LUCIE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V JACKSON, SARAH	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1901 N. 41 ST.	4.2 NAME	
STREET ADDRESS	FT. PIERCE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	CMD HOLMES, REATHA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3708 AVE. D	5.2 NAME	
STREET ADDRESS	FT. PIERCE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	S JEFFERSON, ZEROBIA	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2300 VALENCIA AVE.	6.2 NAME	
STREET ADDRESS	FT. PIERCE FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
Cora L. Morham, Director 3/25/98

CR2E037 (10/97)