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Jan 23, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 733707

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



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified	
21		26	09/02/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number
22		27	59-2736109	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23		28		
Zip	Country	Zip	Country	
24	25	29	30	
			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCDONALD, BERTHA 2103 JUANITA AVE. FORT PIERCE FL 34947				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____
 Signature, typed or printed name of registered agent and title if applicable.

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

SIGNATURE: *Gorania Monroe*
GORANIA MONROE, DIRECTOR 1-7-99 (561)465-0321
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)