


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 733707
1. Entity Name
CLUB UTILITAS, INC.



Principal Place of Business 1002 AVENUE P.O. BOX 61 FORT PIERCE, FL 34954 US	Mailing Address POST OFFICE BOX 61 P.O. BOX 61 FORT PIERCE, FL 34954 US
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DO NOT WRITE IN THIS SPACE



03172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2736109	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, BARBARA
2050 OLEANDER BLVD 11-104
FORT PIERCE, FL 34950

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000034669
03/23/04-80006-002 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JESSYE WALKER 2102 VALENCIA FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, BARBARA 2050 OLEANDER BLVD 11-104 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, JESSYE 2102 VALENCIA AVE FORT PIERCE, FL 34954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLEMONS, HILDA 1710 ARIZONA AVE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARNES, BETTY 3113 NAVAJO AVE FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JEFFERSON, ZENOBIA 2300 VALENCIA AVE. FT. PIERCE, FL

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Moore 2/20/04 (772) 465-0321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Barbara Moore