


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 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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02162005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2736109	Applied For Not Applicable
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5. Certificate of Status Desired **\$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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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: Barbara Moore 3-14-05
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, 2005

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

10. OFFICERS AND DIRECTORS

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

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 03/16/05-80067-009 70.00

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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: Cora L. Monroe, Director 3-14-05 (772) 465-0321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #