

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733707

FILED
Mar 21, 2006
Secretary of State

Entity Name: CLUB UTILITAS, INC.

Current Principal Place of Business:

1002 AVENUE
P.O. BOX 61
FORT PIERCE, FL 34954 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 61
P.O. BOX 61
FORT PIERCE, FL 34954 US

New Mailing Address:

FEI Number: 59-2736109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: JESSYE WALKER,
Address: 2102 VALENCIA
City-St-Zip: FORT PIERCE, FL

Title: P () Delete
Name: MOORE, BARBARA
Address: 2050 OLEANDER BLVD 11-104
City-St-Zip: FORT PIERCE, FL 34950

Title: T () Delete
Name: WALKER, JESSYE
Address: 2102 VALENCIA AVE
City-St-Zip: FORT PIERCE, FL 34954

Title: V () Delete
Name: CLEMONS, HILDA
Address: 1710 ARIZONA AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: VD () Delete
Name: BARNES, BETTY
Address: 3113 NAVAJO AVE
City-St-Zip: FORT PIERCE, FL 34946

Title: S () Delete
Name: JEFFERSON, ZENOBIA
Address: 2300 VALENCIA AVE.
City-St-Zip: FT. PIERCE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORA L. MONROE

Electronic Signature of Signing Officer or Director

DIR.

03/21/2006

Date