

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 02, 2007  
Secretary of State**

DOCUMENT# 733707

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:**

1002 AVENUE  
FORT PIERCE, FL 34950 US

**Current Mailing Address:**

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

**New Mailing Address:**

POST OFFICE BOX 61  
FORT PIERCE, FL 34954 US

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

D

04/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date