

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767179

FILED  
Apr 20, 2012  
Secretary of State

**Entity Name:** HOMEOWNER'S UTILITIES, INC.

**Current Principal Place of Business:**

79 MASTERS DRIVE  
ST AUGUSTINE, FL 32085

**New Principal Place of Business:**

79 MASTERS DRIVE  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

79 MASTERS DRIVE  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 59-2282902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERREN, JANICE  
THE NEIGHBORHOOD MANAGERS INC  
79 MASTERS DRIVE  
SAINT AUGUSTINE, FL 32084 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: PD  
Name: YERKES, ROBERT  
Address: 79 MASTERS DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TD  
Name: KIRKER, LYNDIA  
Address: 79 MASTERS DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VD  
Name: ARBIZZANI, JOHN  
Address: 79 MASTERS DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DS  
Name: SHERRY, JIM  
Address: 79 MASTERS DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: ROBERT YERKES

PD

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date