2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N01000003386

Entity Name: SPANISH LAKES UTILITIES, INC.

Current Principal Place of Business:

8000 S. U.S. 1, SUITE 402
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

8000 S. U.S. 1, SUITE 402
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWMAN, HARVEY A
8000 S US 1 SUITE 402
PORT SAINT LUCIE, FL 34952 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: D ( ) Delete
Name: WYNNE, JOEL F
Address: 8000 S. U.S. 1, SUITE 402
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D ( ) Delete
Name: NEWMAN, HARVEY A
Address: 8000 S. U.S. 1, SUITE 402
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D ( ) Delete
Name: CANACHO, ALFREDO
Address: 12804 SW 122 AVENUE
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete
Name: BURKE, ROBERT
Address: 1 QUINTANA ROO LANE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D ( ) Delete
Name: GALLAGHER, CHARLES
Address: 55 EL CAMINO REAL
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: D (X) Change ( ) Addition
Name: MORTENSEN, ANNE D
Address: 47 CAMINO DEL RIO
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

I hereby certify that the information supplied with this filing does not qualify 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: HARVEY A. NEWMAN D 02/16/2009
Electronic Signature of Signing Officer or Director — Date