


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90303 005 \*\*\*\*61.25

|  |   |
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| <b>DOCUMENT # N01137</b><br>1. Entity Name<br>SOUTH FORK HOMEOWNERS' UTILITY CORPORATION |  |
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|  |  |
|--|--|
| Principal Place of Business<br>%JANE L. CORNETT<br>401 E. OSCEOLA ST.<br>STUART, FL 34994-2576 | Mailing Address<br>%JANE L. CORNETT<br>401 E. OSCEOLA ST.<br>STUART, FL 34994-2576 |
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**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-NP CR2E037 (10/03)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>59-2440439  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|   |                                       |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>CORNETT, JANE L.<br>401 E. OSCEOLA ST.<br>STUART, FL 33494 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---|---------------------------------------|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| Filing Fee is \$61.25<br>Due by May 1, 2005 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HORSTMANN, BUD<br>141 SE PARADISE PL<br>STUART, FL 34997   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BURRELL, MARY <i>JEAN HOGAN</i><br>121 S.E. PARADISE PL <i>192 S.E. PARADISE PL</i><br>STUART, FL 34997 <i>Same</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>JACOB, AUDREY<br>171 SE PARADISE PLACE<br>STUART, FL  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>FRENCH, RONALD J<br>171 S.E. RIVERBEND ST.<br>STUART, FL 34997  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MCCUNE, WAYNE<br>161 SE PARADISE PL<br>STUART, FL 34997   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HIXON, JACK<br>191 SE RIVERBEND ST<br>STUART, FL 34997  |

**DO NOT WRITE  
IN THIS SPACE**

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: *Audrey Jacob - AUDREY JACOB, Secy/Treas.* 3/8/05 (772) 287-5660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #