2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N01137

1. Entity Name
SOUTH FORK HOMEOWNERS' UTILITY CORPORATION

Principal Place of Business	Mailing Address
%JANE L. CORNETT 401 E. OSCEOLA ST. STUART, FL 34994-2576	%JANE L. CORNETT 401 E. OSCEOLA ST. STUART, FL 34994-2576

DO NOT WRITE IN THIS SPACE

01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2440439
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORNETT, JANE L.
401 E. OSCEOLA ST.
STUART, FL 33494

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000725827
05/03/07-80038-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HORSTMANN, BUD
STREET ADDRESS	141 SE PARADISE PL
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	HOGAN, JEAN
STREET ADDRESS	192 SE PARADIS PL
CITY-ST-ZIP	STUART, FL 34997
TITLE	STD
NAME	JACOB, AUDREY
STREET ADDRESS	171 SE PARADISE PLACE
CITY-ST-ZIP	STUART, FL
TITLE	VPD
NAME	FRENCH, RONALD J
STREET ADDRESS	171 S.E. RIVERBEND ST.
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	MCCUNE, WAYNE
STREET ADDRESS	161 SE PARADISE PL
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	HIXON, JACK
STREET ADDRESS	191 SE RIVERBEND ST
CITY-ST-ZIP	STUART, FL 34997

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, Secy/Treas 4/20/07 (772)287-5660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #