2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

04-21-2008 90044 041 ****61.25

DOCUMENT # N01137

1. Entity Name

SOUTH FORK HOMEOWNERS' UTILITY CORPORATION



Principal Place of Business

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

%JANE L. CORNETT 401 E. OSCEOLA ST. STUART, FL 34994-2576



DO NOT WRITE IN THIS SPACE

| 03272008 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

SIGNATURE:

DO	NOT	WRITE
IN	THIS	SPACE

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Filing Fee is \$61.25 Due by May 1, 2008		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STUART, FL 34997	Franch E. Riverbend St					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alex Sundloch HOBAN, JEAN 7778 DE Fork Dr. STUART, FL 34997						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JACOB, AUDREY 171 SE PARADISE PLACE STUART, FL		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRENCH, RONALD J- Bud Horstmurn 1755E RIVERBEND ST. 14/ SE Paradise Pl. STUART, FL 34997			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCUNE, WAYNE 161 SE PARADISE PL STUART, FL 34997						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STUART, FL 34997	e Thompson 18 Referbend 51.					
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.							