

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01137

FILED
Mar 30, 2009
Secretary of State

Entity Name: SOUTH FORK HOMEOWNERS' UTILITY CORPORATION

Current Principal Place of Business:

%JANE L. CORNETT
401 E. OSCEOLA ST.
STUART, FL 349942576

New Principal Place of Business:

Current Mailing Address:

%JANE L. CORNETT
401 E. OSCEOLA ST.
STUART, FL 349942576

New Mailing Address:

FEI Number: 59-2440439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, JANE L.
401 E. OSCEOLA ST.
STUART, FL 33494 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 () Delete
Name: FRENCH, RONALD J
Address: 171 S.E. RIVERBEND ST.
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: GUNDLOCH, ALAN
Address: 7778 SE FORK DR.
City-St-Zip: STUART, FL 34997

Title: STD () Delete
Name: JACOB, AUDREY
Address: 171 SE PARADISE PLACE
City-St-Zip: STUART, FL

Title: VPD () Delete
Name: HORSTMANN, BUD
Address: 141 SE PARADISE ST.
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: MCCUNE, WAYNE
Address: 161 SE PARADISE PL
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: THOMPSON, GEORGE
Address: 142 SE RIVERBEND ST.
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: JACOB, AUDREY
Address: 171 SE PARADISE PLACE
City-St-Zip: STUART, FL 34997

Title: VPD (X) Change () Addition
Name: HORSTMANN, BUD
Address: 141 SE PARADISE PLACE
City-St-Zip: STUART, FL 34997

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

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: AUDREY JACOB

STD

03/30/2009

Electronic Signature of Signing Officer or Director

Date