

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01137

FILED
Mar 31, 2010
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
Name: HAMILL, TINA
Address: 102 SE PARADISE PLACE
City-St-Zip: STUART, FL 34997

Title: VPD
Name: THOMPSON, GEORGE
Address: 142 SE RIVERBEND STREET
City-St-Zip: STUART, FL 34997

Title: STD
Name: MCCUNE, BARBARA
Address: 161 SE PARADISE PLACE
City-St-Zip: STUART, FL 34997

Title: D
Name: COTTIN, GREG
Address: 7768 SE FORK DRIVE
City-St-Zip: STUART, FL 34997

Title: D
Name: PRICE, NANCY
Address: 7727 SE FORK RIVER DRIVE
City-St-Zip: STUART, FL 34997

Title: D
Name: LEEB, KAREN
Address: 7757 SE FORK RIVER DRIVE
City-St-Zip: STUART, FL 34997

I hereby 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 all other like empowered.

SIGNATURE: BARBARA MCCUNE

STD

03/31/2010

Electronic Signature of Signing Officer or Director

Date