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FILED
Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08157** (2)

1. Corporation Name

CHERRY LAKE UTILITIES CORPORATION

Principal Place of Business

Mailing Address

RT 3, BOX 360
MADISON FL 32340

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MADISON FL 32340

3. Date Incorporated or Qualified

03/14/1985

4. FEI Number

59-0563580

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARDEE, CARY A.
901 WEST BASE STREET
MADISON FL**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **JEWELL, RUFUS**
STREET ADDRESS **ROUTE 3, BOX 885**
CITY-ST-ZIP **MADISON FL 32340**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Primm, Gayle**
1.3 STREET ADDRESS **Rt. 3 Box 850**
1.4 CITY-ST-ZIP **MADISON, FL 32340**

TITLE **D** ☐ DELETE
NAME **CARROLL, MIKE**
STREET ADDRESS **RT. 3, BOX 815**
CITY-ST-ZIP **MADISON FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **ST** ☐ DELETE
NAME **BIERNACKI, ROSE MARIE**
STREET ADDRESS **ROUTE 3 BOX 345**
CITY-ST-ZIP **MADISON FL 32340**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **FLETCHER, JEFF**
STREET ADDRESS **RT. 3 BOX 498**
CITY-ST-ZIP **MADISON FL 32340**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE
NAME **ADAMS, JAMES**
STREET ADDRESS **ROUTE 3, BOX 718**
CITY-ST-ZIP **MADISON FL 32340**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WILSON, SALLY**
STREET ADDRESS **RT 3 BOX 460**
CITY-ST-ZIP **MADISON FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James T. Adams

RECEIVED

January 13, 1998 850-929 4620

CR2E037 (10/97)