

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90151 047 \*\*\*\*61.25

**DOCUMENT # N08157**

1. Entity Name

CHERRY LAKE UTILITIES CORPORATION



Principal Place of Business

257 NE BERKSHIRE RD  
MADISON FL 32340

Mailing Address

257 NE BERKSHIRE RD  
MADISON FL 32340

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0563580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**20029604**



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

HARDEE, CARY A.  
215 SE PINCKNEY  
MADISON FL

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D**  
WHEELER, GEORGE  
STREET ADDRESS **221 W. FRALEIGH**  
CITY-ST-ZIP **MADISON FL 32340**

TITLE ☐ Delete  
NAME **P**  
COX, GERALD  
STREET ADDRESS **2539 NE CHERRY LAKE CIR.**  
CITY-ST-ZIP **PINETTA FL 32350**

TITLE ☐ Delete  
NAME **ST**  
FINE, VERONICA L  
STREET ADDRESS **3467 NE CHERRY LAKE CIRCLE**  
CITY-ST-ZIP **PINETTA FL 32350**

TITLE ☐ Delete  
NAME **D**  
HIDY, LOWELL  
STREET ADDRESS **881 NE POST ROAD**  
CITY-ST-ZIP **MADISON FL 32340**

TITLE ☐ Delete  
NAME **VP**  
LEDSOME, OTTO  
STREET ADDRESS **11561 SE 200 CIRCLE**  
CITY-ST-ZIP **INGLIS FL 34449**

TITLE ☐ Delete  
NAME **D**  
HARTLEY, JOSEPH  
STREET ADDRESS **1274 NE GARDEN ROAD**  
CITY-ST-ZIP **MADISON FL 32340**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **597 S. E. Hwy 19**  
CITY-ST-ZIP **Crystal River, FL 34429**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:** *Veronica L. Fine* **Veronica L. Fine**

**4/8/05**

**850-929-4620**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #