2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# N08157

Entity Name: CHERRY LAKE UTILITIES CORPORATION

Current Principal Place of Business:

257 NE BERKSHIRE RD
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

257 NE BERKSHIRE RD
MADISON, FL 32340

New Mailing Address:

FEI Number: 59-0563580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARDEE, CARY A.
215 SE PINCKNEY
MADISON, FL US

Name and Address of New Registered Agent:

HARDEE, CARY A.
215 SE PINCKNEY
MADISON, FL 32340 US

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: 03/12/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	WELLS, JOY	
Address:	957 NW SETTLEMENT RD	
City-St-Zip:	MADISON, FL 32340	
Title:	P	( ) Delete
Name:	ITURRALDE, SANTIAGO	
Address:	913 NE CHERRY LK CIR	
City-St-Zip:	MADISON, FL 32340	
Title:	ST	( ) Delete
Name:	FINE, VERONICA L	
Address:	3467 NE CHERRY LAKE CIRCLE	
City-St-Zip:	PINETTA, FL 32350	
Title:	D	( ) Delete
Name:	HIDY, LOWELL	
Address:	881 NE POST ROAD	
City-St-Zip:	MADISON, FL 32340	
Title:	D	( ) Delete
Name:	WEBB, TED	
Address:	562 NE POST RD	
City-St-Zip:	MADISON, FL 32340	
Title:	V	( ) Delete
Name:	HUTTO, JAMES	
Address:	621 NW SETTLEMENT RD	
City-St-Zip:	MADISON, FL 32340	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MCLEOD, JACK	
Address:	425 NE POST ROAD	
City-St-Zip:	MADISON, FL 32340	
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: VERONICA L. FINE ST 03/12/2009
Electronic Signature of Signing Officer or Director — Date