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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000003447					
1. Corporation Name SATEKE VILLAGE UTILITIES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 10021 S.W. 182ND CIRCLE DUNNELLON FL 34432			Mailing Address 10021 S.W. 182ND CIRCLE DUNNELLON FL 34432		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 06/28/1996 4. FEI Number 59-3397247 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent S. RAY GILL, P.A. 613 S.E. FT. KING ST. OCALA FL 34471				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SCHMIDT, HUBERT S	1.2 NAME	
STREET ADDRESS	10021 SW 182ND CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	WATKINS, GRIFFIN	2.2 NAME	
STREET ADDRESS	9241 SW 99 LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD/SD
NAME	BROOS, CLAUDE A	3.2 NAME	BROOS, CLAUDE A.
STREET ADDRESS	1009 SW 182ND CIRCLE	3.3 STREET ADDRESS	1009 SW 182ND CIRCLE
CITY-ST-ZIP	DUNNELLON FL 34432	3.4 CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:  1/18/99 (352) 489-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)