2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State
01-27-2004 90003 032 ****61.25

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1. Entity Name
SATEKE VILLAGE UTILITIES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 3431 DUNNELLON, FL 34430	PO BOX 3431 DUNNELLON, FL 34430

01212004 Chg-NP CR2E037 (10/03)

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 **59-3397247** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
S. RAY GILL, P.A. 613 S.E. FT. KING ST. OCALA, FL 34471	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIEGFRIED, THOR 18337 SW 102 ST RD DUNNELLON, FL 34432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASSAN, HERBERT A 10021 SW 182ND CT DUNNELLON, FL 34432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROSS, ART 18278 SW 99TH LANE DUNNELLON, FL 34432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GAUNT, WILLIAM 10090 SW 182ND COURT DUNNELLON, FL 34432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAUNT WILLIAM 10090 SW 182ND COURT DUNNELLON, FL 34432	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~STD~~ STD GRAY BOB 10033 SW 182ND COURT DUNNELLON, FL 34432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GRAY BOB 10033 SW 182ND COURT DUNNELLON, FL 34432	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Herbert C. Cassan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #