2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N96000003447

Entity Name: SATEKE VILLAGE UTILITIES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 3431
DUNNELLON, FL 34430

New Principal Place of Business:

18278 SW 99TH LANE
DUNNELLON, FL 34432

Current Mailing Address:

PO BOX 3431
DUNNELLON, FL 34430

New Mailing Address:

FEI Number: 59-3397247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, ART
18278 SW 99TH LANE
DUNNELLON, FL 34432 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	ROSS, ART	
Address:	18278 SW 99TH LANE	
City-St-Zip:	DUNNELLON, FL 34432	
Title:	VPD	( ) Delete
Name:	YOUNG, FRANK	
Address:	18251 SW 99TH LANE	
City-St-Zip:	DUNNELLON, FL 34432	
Title:	TD	( ) Delete
Name:	LYNCH, WILLIAM	
Address:	9974 SW 182ND CIRCLE	
City-St-Zip:	DUNNELLON, FL 34432	
Title:	SD	( ) Delete
Name:	MILLS, MEIKO	
Address:	18350 W 102 ST ROAD	
City-St-Zip:	DUNNELLON, FL 34432	
Title:	D	( ) Delete
Name:	CARR, BILL	
Address:	9241 SW 99TH LANE	
City-St-Zip:	DUNNELLON, FL 34432	

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:	( ) 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: WILLIAM LYNCH TD 03/10/2009

Electronic Signature of Signing Officer or Director — Date