

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000000267**



1. Entity Name  
**SAILFISH POINT UTILITY CORPORATION**

Principal Place of Business

**2201 SOUTH EAST SAILFISH POINT BLVD.  
STUART, FL 34996**

Mailing Address

**2201 SOUTH EAST SAILFISH POINT BLVD.  
STUART, FL 34996**



07142006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0856397**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**TYSON, MARK  
2201 SOUTH EAST SAILFISH POINT BLVD.  
STUART, FL 34996**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U000000572211  
07/25/06-80020-002 61.25**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ZEMINICK, RICHARD  
STREET ADDRESS 2201 SE SAILFISH POINT BLVD  
CITY-ST-ZIP STUART, FL 34996

TITLE SD  
NAME VESSELY, KAREN  
STREET ADDRESS 2201 SE SAILFISH PT BLVD  
CITY-ST-ZIP STUART, FL 34996

TITLE AT  
NAME PRESENT, SUSAN  
STREET ADDRESS 2201 SE SAILFISH PT BLVD  
CITY-ST-ZIP STUART, FL 34996

TITLE TD  
NAME CAULEY, RONALD  
STREET ADDRESS 2201 SE SAILFISH POINT BLVD.  
CITY-ST-ZIP STUART, FL 34996

TITLE VP/D  
NAME HERSKOWITZ, ALLEN  
STREET ADDRESS 2201 SE SAILFISH POINT BLVD.  
CITY-ST-ZIP STUART, FL 34996

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/21/06 772 497 1040**