

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 756381 (0)

1. Corporation Name

OCEAN TOWERS OF HUTCHINSON ISLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9400 S. OCEAN DR.  
JENSEN BEACH FL 34957

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JENSEN BEACH FL 34957

3. Date Incorporated or Qualified  
02/13/1981

3a. Date of Last Report  
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
59-2252281

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WACKEEN & CORNETT, P.A.  
401 EAST OSCEOLA  
SUITE 102  
STUART FL 34995

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and block if applicable

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input type="checkbox"/> DELETE
NAME	CASSATA, PETER	
STREET ADDRESS	9490 S. OCEAN DR	
CITY-ST-ZIP	JENSEN BCH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ADLER, ESTELLE P.	
STREET ADDRESS	9490 S. OCEAN DR.	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CARVEL, KIMBERLY	
STREET ADDRESS	9490 S. OCEAN DR.	
CITY-ST-ZIP	JENSEN BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, EARL	
STREET ADDRESS	9490 S. OCEAN DR.	
CITY-ST-ZIP	JENSEN BCH, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	YETTI, DICK	
STREET ADDRESS	9490 S. OCEAN DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CASSATA, PETER	
13 STREET ADDRESS	9490 S. Ocean Drive	
14 CITY-ST-ZIP	Jensen Beach, FL 34957	
21 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	NITTI, WILLIAM	
23 STREET ADDRESS	9490 S. Ocean Drive	
24 CITY-ST-ZIP	Jensen Beach, FL 34957	
31 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	GARICH, EDWARD	
33 STREET ADDRESS	9490 S. Ocean Drive	
34 CITY-ST-ZIP	Jensen Beach, FL 34957	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	BUCCOLA, DOMINICK	
43 STREET ADDRESS	9400 S. Ocean Drive	
44 CITY-ST-ZIP	Jensen Beach, FL 34957	
51 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	YETTI, DICK	
53 STREET ADDRESS	9490 S. Ocean Drive	
54 CITY-ST-ZIP	Jensen Beach, FL 34957	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Peter Cassata, Vice President* 3-15-96 229-2229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Cassata, Vice President

3/15/96

407/229-2229

CR2E037 (12/95)