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Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756381 (0)
1. Corporation Name
OCEAN TOWERS OF HUTCHINSON ISLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 9400 S. OCEAN DR. JENSEN BEACH FL 34957	Mailing Address 9400 S. OCEAN DR. JENSEN BEACH FL 34957
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3. Date Incorporated or Qualified 02/13/1981	
4. FEI Number 59-2252281	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WACKEEN & CORNETT, P.A.
401 EAST OSCEOLA
SUITE 102
STUART FL 34995**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CASSATA, PETER	
STREET ADDRESS	9490 S. OCEAN DR	
CITY-ST-ZIP	JENSEN BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NITTI, WILLIAM	
STREET ADDRESS	9490 S. OCEAN DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BUCCOLA, DOMINICK	
STREET ADDRESS	9400 S. OCEAN DRIVE	
CITY-ST-ZIP	JENSEN BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YETTI, DICK	
STREET ADDRESS	9490 S. OCEAN DRIVE	
CITY-ST-ZIP	JENSEN BCH, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	O'CONNELL, JOHN	
STREET ADDRESS	9400 S. OCEAN DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CASSATA, PETER	
1.3 STREET ADDRESS	9490 S. Ocean Drive	
1.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BUCCOLA, DOMINICK	
3.3 STREET ADDRESS	9400 S. Ocean Drive	
3.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
4.1 TITLE	.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TUCKER, GRETA	
4.3 STREET ADDRESS	9400 S. Ocean Drive	
4.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LANGER, JOHN	
5.3 STREET ADDRESS	9400 S. Ocean Drive	
5.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *William Nitti* 3/6/98 561/229-2229

CR2E037 (10/97)