

FILE NGW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90001 032 \*\*\*\*61.25

0074624

**DOCUMENT # 756381**

1. Corporation Name

**OCEAN TOWERS OF HUTCHINSON ISLAND CONDOMINIUM AS  
SOCIATION, INC.**

Principal Place of Business

9400 S. OCEAN DR.  
JENSEN BEACH FL 34957

Mailing Address

9400 S. OCEAN DR.  
JENSEN BEACH FL 34957

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City &amp; State

27

City &amp; State

23

Zip

Country

28

Zip

Country

24

25

29

30

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **CASSATA, PETER**  
STREET ADDRESS **9490 S OCEAN DR**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **BUCCOLA, DOMINICK**  
1.3 STREET ADDRESS **1732 Ponderberry Lane**  
1.4 CITY-ST-ZIP **Port St. Lucie, FL 34952**TITLE **T** ☒ DELETE  
NAME **NITTI, WILLIAM**  
STREET ADDRESS **9490 S. OCEAN DRIVE**  
CITY-ST-ZIP **JENSEN BEACH FL**2.1 TITLE **TD** ☒ Change ☐ Addition  
2.2 NAME **VAZQUEZ, JOSE**  
2.3 STREET ADDRESS **103 CHampions Run**  
2.4 CITY-ST-ZIP **West Palm Beach, FL 33407**TITLE **VP** ☒ DELETE  
NAME **BUCCOLA, DOMINICK**  
STREET ADDRESS **9400 S OCEAN DR**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**3.1 TITLE **VP** ☒ Change ☐ Addition  
3.2 NAME **TUCKER, GRETA**  
3.3 STREET ADDRESS **9400 S Ocean Dr, #406B**  
3.4 CITY-ST-ZIP **Jensen Beach, FL 34957**TITLE **D** ☒ DELETE  
NAME **TUCKER, GRETA**  
STREET ADDRESS **9400 S OCEAN DR**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**4.1 TITLE **D** ☒ Change ☐ Addition  
4.2 NAME **TILLER, JAMES**  
4.3 STREET ADDRESS **512 Sawgrass Circle**  
4.4 CITY-ST-ZIP **Melbourne, FL 32940**TITLE **S** ☐ DELETE  
NAME **LANGER, JOHN**  
STREET ADDRESS **9400 S OCEAN DR**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Dominick Buccola*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DOMINICK BUCCOLA, PRESIDENT

1/8/99

Date

561/229-2229

Daytime Phone #

CR2E037 (11/98)