

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90040 041 \*\*\*\*61.25

**DOCUMENT # 756381**

1. Entity Name

**OCEAN TOWERS OF HUTCHINSON ISLAND CONDOMINIUM AS**

Principal Place of Business

Mailing Address

9400 S. OCEAN DR.  
 JENSEN BEACH FL 34957

9400 S. OCEAN DR.  
 JENSEN BEACH FL 34957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2252281**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>PD</b> <b>BUCCOLA, DOMINICK</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1732 PONDBERRY LANE</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE FL 34952</b>	
TITLE NAME	<b>TD</b> <b>VAZQUEZ, JOSE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>103 CHAMPIONS RUN</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33407</b>	
TITLE NAME	<b>D</b> <b>TILLER, JAMES</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>512 SAWGRASS CIRCLE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE NAME	<b>V</b> <b>TUCKER, GRETA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>9400 S OCEAN DR</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>	
TITLE NAME	<b>S</b> <b>LANGER, JOHN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>9400 S OCEAN DR</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Tucker, Greta</b>	
CITY-ST-ZIP	<b>9400 S. Ocean Dr. #406B</b>	
	<b>Jensen Beach Fl 34957</b>	
TITLE NAME	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Buccola, Dominick</b>	
CITY-ST-ZIP	<b>1732 Pondberry Lane</b>	
	<b>Port St. Lucie FL 34952</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<b>Treasurer/ Vazquez, Jose</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>103 Champions Run</b>	
CITY-ST-ZIP	<b>West Palm Beach Fl 33407</b>	
TITLE NAME	<b>Secretary/Langer, John</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>4211 Lincoln St.</b>	
CITY-ST-ZIP	<b>Hollywood, Fl 33021</b>	
TITLE NAME	<b>Director/ Laible, Therese</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>9400 S Ocean Dr. #106B</b>	
CITY-ST-ZIP	<b>Jensen Beach Fl 34957</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/01 561-229-2229

CR2E037 (10/00)