

FILE NOW: FILING FEE IS \$61.25

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**May 19 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 # 759033 (4)

1. Corporation Name
OCEAN HARBOUR SOUTH UTILITIES CORPORATION, INC.



Principal Place of Business 4230 NORTH A1A FT. PIERCE FL 34949-8304	Mailing Address 4230 NORTH A1A FT. PIERCE FL 34949-8304
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3. Date Incorporated or Qualified 07/06/1981		
4. FEI Number 59-2747359	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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
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

**THOMAS, JAMES
4250 NO. A1A #501
FT. PIERCE FL 34949**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STENGEL, JOHN	
STREET ADDRESS	201 DALEVIEW LN.	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BELLEZZA, PETER J	
STREET ADDRESS	4250 NORTH ALA UNIT 508	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUNT, BUD	
STREET ADDRESS	4200 N. A-1-A	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	THOMAS, JAMES	
STREET ADDRESS	4250 N. A1A	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DISALVO, NICK	
STREET ADDRESS	4200 NORTH A1A UNIT 910	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CONTI, FRANK	
STREET ADDRESS	4250 NORTH A1A UNIT 408	
CITY-ST-ZIP	FT PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SEITZ, CARL	
1.3 STREET ADDRESS	4250 N ALA UNIT 1008	
1.4 CITY-ST-ZIP	FT PIERCE, FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BELLEZZA, PETER J	
2.3 STREET ADDRESS	4250 NORTH ALA UNIT 508	
2.4 CITY-ST-ZIP	FT. PIERCE, FL	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HUNT, BUD	
3.3 STREET ADDRESS	4200 N.A1A UNIT 810	
3.4 CITY-ST-ZIP	FT. PIERCE, FL	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	THOMAS, JAMES	
4.3 STREET ADDRESS	4250 N. ALA UNIT 501	
4.4 CITY-ST-ZIP	FT. PIERCE, FL	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DISALVO, NICK	
5.3 STREET ADDRESS	4200 N. ALA UNIT 910	
5.4 CITY-ST-ZIP	FT. PIERCE, FL	
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: *[Handwritten Signature]* **05/19/98 561 465 6110**

CR2E037 (1097)