


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 14, 1999 8:00 am**  
**Secretary of State**

05-14-1999 90011 025 \*\*\*122.50

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 759033**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/06/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2747359
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
THOMAS, JAMES 4250 NO. A1A #501 FT. PIERCE FL 34949				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEITZ, CARL	1.2 NAME	
STREET ADDRESS	4250 N A1A, UNIT 1008	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLEZZA, PETER J	2.2 NAME	Bohlman, Peter
STREET ADDRESS	4250 NORTH ALA UNIT 506	2.3 STREET ADDRESS	4250 N.A1A #206
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP	Ft. Pierce, FL. 34949
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, BUD	3.2 NAME	Hunt, Irving "Bud"
STREET ADDRESS	4200 N. A-1A	3.3 STREET ADDRESS	4250 N. A1A #506
CITY-ST-ZIP	FT.PIERCE FL	3.4 CITY-ST-ZIP	Ft. Pierce, FL. 34949
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JAMES	4.2 NAME	Cook, Robert
STREET ADDRESS	4250 N. A1A	4.3 STREET ADDRESS	4250 N. A1A #507
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP	Ft. Pierce, FL. 34949
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISALVO, NICK	5.2 NAME	
STREET ADDRESS	4200 NORTH A1A UNIT 910	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ 4/29/99 561-465-6110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)