



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90356 009 \*\*\*\*61.25

DOCUMENT # 759033					
1. Entity Name OCEAN HARBOUR SOUTH UTILITIES CORPORATION, INC.					
Principal Place of Business C/O ELLIOTT MERRILL MGNT. 835 20TH PLACE VERO BEACH, FL 32960		Mailing Address C/O ELLIOTT MERRILL MGNT. 835 20TH PLACE VERO BEACH, FL 32960		<p style="text-align: right; font-size: 24pt;"><b>50041030</b></p> 	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2747359	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MERRILL, KAREN C/O ELLIOT MERRILL COMM. MGMT. 835 20TH PLACE VERO BEACH, FL 32960				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEITZ, CARL		NAME	Martini, Joseph	
STREET ADDRESS	4250 N A1A, UNIT 1008		STREET ADDRESS	4250 N. A1A #1203	
CITY-ST-ZIP	FT PIERCE, FL		CITY-ST-ZIP	FT. Pierce, FL 34949	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHLMAN, PETER		NAME		
STREET ADDRESS	4250 N A1A #206		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, IRVING "BUD"		NAME		
STREET ADDRESS	4250 N A1A, #506		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISALVO, NICK		NAME		
STREET ADDRESS	4200 NORTH A1A UNIT 910		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARAGLIA, ROBERT		NAME		
STREET ADDRESS	4200 N. A1A #1211		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34949		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLILAND, LEWIS		NAME		
STREET ADDRESS	4225 NAIA #19		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34949		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: <u>Irving B. Hunt</u>			Date: <u>4-14-05</u> Daytime Phone #: <u>772-5088553</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					