


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90014 026 ****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

50001151



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02022006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
 59-2747359

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MERRILL, KAREN
 C/O ELLIOT MERRILL COMM. MGMT.
 835 20TH PLACE
 VERO BEACH, FL 32960

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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** Delete
 NAME MARTINI, JOSEPH
 STREET ADDRESS 4250 N A1A, #1203
 CITY-ST-ZIP FORT PIERCE, FL 34949

Change Addition

TITLE **D** Delete
 NAME BOHLMAN, PETER
 STREET ADDRESS 4250 N A1A #206
 CITY-ST-ZIP FT PIERCE, FL 34949

Change Addition

TITLE **PD** Delete
 NAME HUNT, IRVING "BUD"
 STREET ADDRESS 4250 N A1A, #506
 CITY-ST-ZIP FT. PIERCE, FL 34949

TITLE **Director** Change Addition
 NAME Gosset Duane
 STREET ADDRESS 4250 N A1A, #108
 CITY-ST-ZIP Ft. Pierce, FL 34949

TITLE **STD** Delete
 NAME DISALVO, NICK
 STREET ADDRESS 4200 NORTH A1A UNIT 910
 CITY-ST-ZIP FT PIERCE, FL

Change Addition

TITLE **D** Delete
 NAME BARAGLIA, ROBERT
 STREET ADDRESS 4200 N. A1A #1211
 CITY-ST-ZIP FT PIERCE, FL 34949

TITLE **VP/Dir** Change Addition
 NAME Baraglia Robert
 STREET ADDRESS 4200 N A1A, #1200
 CITY-ST-ZIP Ft. Pierce, FL 34949

TITLE **VP** Delete
 NAME GILLILAND, LEWIS
 STREET ADDRESS 4225 NAIA #19
 CITY-ST-ZIP FORT PIERCE, FL 34949

TITLE **President** Change Addition
 NAME Gilliland Lewis
 STREET ADDRESS 4225 NAIA, #19
 CITY-ST-ZIP Ft. Pierce FL 34949

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or without like empowered.

SIGNATURE: *Lewis C. Gilliland, President* Date: *2/23/06* (772) 461-1992