

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90270 006 \*\*\*\*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**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

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

City & State

Zip Country

40077022



02072007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2747359**

Applied For  
 Not Applicable

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, 2007**

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	BOHLMAN, PETER	
STREET ADDRESS	4250 N A1A #206	
CITY-ST-ZIP	FT PIERCE, FL 34949	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOSSET, DUANE	
STREET ADDRESS	4250 N A1A 108	
CITY-ST-ZIP	FORT PIERCE, FL 34949	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DISALVO, NICK	
STREET ADDRESS	4200 NORTH A1A UNIT 910	
CITY-ST-ZIP	FT PIERCE, FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BARAGLIA, ROBERT	
STREET ADDRESS	4200 N A1A 4200	
CITY-ST-ZIP	FT PIERCE, FL 34949	
TITLE	P	<input type="checkbox"/> Delete
NAME	GILLILAND, LEWIS	
STREET ADDRESS	4225 N A1A 19	
CITY-ST-ZIP	FORT PIERCE, FL 34949	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: *Kevin C. Silberman* **4/12/07** 772-509-9853  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #