


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90054 018 \*\*\*\*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**

**40050909**



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

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

01242008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

Name  
**DEBORAH ROSS**

Street Address (P.O. Box Number is Not Acceptable)  
**151 SOUTH FEDERAL HIGHWAY  
 ROYAL PALM FINANCIAL CENTER  
 STUART FL 34994**

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 **3/11/08**

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, 2008**

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 BOHLMAN, PETER  
 STREET ADDRESS 4250 N A1A #206  
 CITY-ST-ZIP FT PIERCE, FL 34949

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME GOSSET, DUANE  
 STREET ADDRESS 4250 N A1A 108  
 CITY-ST-ZIP FORT PIERCE, FL 34949

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VPD  Delete  
 NAME BARAGLIA, ROBERT  
 STREET ADDRESS 4200 N A1A 4200  
 CITY-ST-ZIP FT PIERCE, FL 34949

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE P  Delete  
 NAME GILLILAND, LEWIS  
 STREET ADDRESS 4225 N A1A 19  
 CITY-ST-ZIP FORT PIERCE, FL 34949

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 reports 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  DATE **2/27/08** DAYTIME PHONE # **772-461-1992**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR