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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 11:45

DOCUMENT # 756381

(0)

1. Corporation Name

OCEAN TOWERS OF HUTCHINSON ISLAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9400 S. OCEAN DR.
JENSEN BEACH FL 34957

9400 S. OCEAN DR.
JENSEN BEACH FL 34957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1981

3a. Date of Last Report

02/15/1994

4. FEI Number

59-2252281

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WACKEEN & CORNETT, P.A.
401 EAST OSCEOLA
SUITE 102
STUART FL 34995

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
VPD	CASSATA, PETER	9490 S. OCEAN DR	JENSEN BCH FL
S	ADLER, ESTELLE P.	9490 S. OCEAN DR.	JENSEN BEACH FL
PD	O'KEEFE, ALICE T.	9490 S. OCEAN DR.	JENSEN BCH, FL 00000
T	MITTI, WILLIAM J.	9490 S. OCEAN DR.	JENSEN BCH, FL 00000
D	YETTI, DICK	9490 S. OCEAN DRIVE	JENSEN BEACH FL

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
T	CASSATA, PETER	9490 S. Ocean DR	Jensen BCH FL	☒	☐
VPD	ADLER, ESTELLE P.	9490 S. Ocean DR	Jensen Beach FL	☒	☐
S	CARVEL, KIMBERLY	9400 S. Ocean DR	Jensen Beach, FL	☒	☐
D	MOORE, EARL	9490 S. Ocean DR	Jensen Beach, FL	☒	☐
PD	Yetti, Dick	9490 S. Ocean DR	Jensen Beach, FL	☒	☐
				☐	☐
				☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Peter J. Cassata, Treasurer

3/31/95

407/229-2229