

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
02/13/1981

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2252281

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE
NAME **CASSATA, PETER**
STREET ADDRESS **9490 S. OCEAN DR**
CITY-ST-ZIP **JENSEN BCH FL**

VPD ☒ DELETE
NAME **ADLER, ESTELLE P.**
STREET ADDRESS **9490 S. OCEAN DR.**
CITY-ST-ZIP **JENSEN BEACH FL**

S ☒ DELETE
NAME **CARVEL, KIMBERLY**
STREET ADDRESS **9490 S. OCEAN DR.**
CITY-ST-ZIP **JENSEN BCH, FL 00000**

D ☒ DELETE
NAME **MOORE, EARL**
STREET ADDRESS **9490 S. OCEAN DR.**
CITY-ST-ZIP **JENSEN BCH, FL 00000**

PD ☐ DELETE
NAME **YETTI, DICK**
STREET ADDRESS **9490 S. OCEAN DRIVE**
CITY-ST-ZIP **JENSEN BEACH FL**

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

VP ☒ Change ☐ Addition
NAME **CASSATA, PETER**
STREET ADDRESS **9490 S. Ocean Drive**
CITY-ST-ZIP **Jensen Beach, FL 34957**

T ☐ Change ☒ Addition
NAME **NITTI, WILLIAM**
STREET ADDRESS **9490 S. Ocean Drive**
CITY-ST-ZIP **Jensen Beach, FL 34957**

S ☐ Change ☒ Addition
NAME **GARICH, EDWARD**
STREET ADDRESS **9490 S. Ocean Drive**
CITY-ST-ZIP **Jensen Beach, FL 34957**

D ☐ Change ☒ Addition
NAME **BUCCOLA, DOMINICK**
STREET ADDRESS **9400 S. Ocean Drive**
CITY-ST-ZIP **Jensen Beach, FL 34957**

PD ☐ Change ☐ Addition
NAME **YETTI, DICK**
STREET ADDRESS **9490 S. Ocean Drive**
CITY-ST-ZIP **Jensen Beach, FL 34957**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Cassata, Vice President

3-15-96

3/15/96

229-2229

407/229-2229

CR2E037 (12/95)