

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	02/13/1981
4. FEI Number	59-2252281
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CASSATA, PETER	
STREET ADDRESS	9490 S. OCEAN DR	
CITY-ST-ZIP	JENSEN BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NETTI, WILLIAM	
STREET ADDRESS	9490 S. OCEAN DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BUCCOLA, DOMINICK	
STREET ADDRESS	9400 S. OCEAN DRIVE	
CITY-ST-ZIP	JENSEN BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YETTI, DICK	
STREET ADDRESS	9490 S. OCEAN DRIVE	
CITY-ST-ZIP	JENSEN BCH, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	O'CONNELL, JOHN	
STREET ADDRESS	9400 S. OCEAN DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CASSATA, PETER	
1.3 STREET ADDRESS	9490 S. Ocean Drive	
1.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BUCCOLA, DOMINICK	
3.3 STREET ADDRESS	9400 S. Ocean Drive	
3.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
4.1 TITLE	.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TUCKER, GRETA	
4.3 STREET ADDRESS	9400 S. Ocean Drive	
4.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LANGER, JOHN	
5.3 STREET ADDRESS	9400 S. Ocean Drive	
5.4 CITY-ST-ZIP	Jensen Beach, FL 34957	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William D. Nett* 3/6/98 561/229-2229

CR2E037 (10/97)