

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90049 029 ***175.00

DOCUMENT # 756381

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2252281

Applied For

Not Applicable

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

MOLLINGARDEN, PETER C
% BECKER & POLIAKOFF, P.A.
500 AUSTRALIAN AVE. SOUTH, 9TH FL.
WEST PALM BEACH FL 33401

Name **GARY D. FIELDS, ESQUIRE**

Street Address (P.O. Box Number is Not Acceptable)
4400 PGA BOULEVARD

SUITE 700

City **PALM BEACH GARDENS**

FL

Zip Code **33410**

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

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

(NOTE: Registered Agent signature required when reinstating)

8/20/02
 DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCCOLA, DOMINICK 1732 PONDBERRY LANE PORT ST LUCIE FL 34952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAZQUEZ, JOSE 103 CHAMPIONS RUN WEST PALM BEACH FL 33407	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TILLER, JAMES 512 SAWGRASS CIRCLE MELBOURNE FL 32940	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TUCKER, GRETA 9400 S OCEAN DR JENSEN BEACH FL 34957	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANGER, JOHN 9400 S OCEAN DR JENSEN BEACH FL 34957	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CATHY SARNAGO P.O. BOX 303 DUNEDIN, FL 34697	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAT ABBONDANZIO 9602 NW 36th MANOR CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOIS MAUROVICH 9400 S. OCEAN DR. #701B JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOSE BARRIOS 2420 S.W. 126TH AVE. MIAMI, FL 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAMES RUTKO 2300 GRANT MEWS CT. AMBLER, PA 19002	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (4/02)

12. 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 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:

TO
RECEIVED
8/26/02
772-229-2229