

AUG. 8. 2005 9:40AM GRAZI & GIANINO

08-05-2005 10:50 7722292229

ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90078 042 ****61.25

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1. Entity Name
OCEAN TOWERS OF HUTCHINSON ISLAND CONDOMINIUM ASSOCIATION, INC



Principal Place of Business
**9400 S. OCEAN DR.
 JENSEN BEACH, FL 34957**

Mailing Address
**9400 S. OCEAN DR.
 JENSEN BEACH, FL 34957**

50061459

2. Principal Place of Business
 Suite, Apt. #, etc.

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

City & State

Zip Country

08042005 Chg-NP CR2E037 (10/05)

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
**FIELDS, GARY D ESQ
 4400 PGA BOULEVARD
 SUITE 700
 PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent
 Name **LEIP GRAZI**
 Street Address (P.O. Box Number is Not Acceptable)
PO BOX 2846
217 E. Ocean Blvd
 City **STUART** FL Zip Code **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 **LEIP GRAZI** DATE **8/5/05**

(Signature, typed or printed name of individual agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

Filing Fee is \$61.25 Due by September 7, 2005

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABBONDAWZIO, PAT 9602 NW 36TH MANOR CORAL SPRINGS, FL 33065 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BASS, CHERYL 9490 S OCEAN DR., #713 JENSEN BEACH, FL 34957 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMP, RONALD 9490 S OCEAN DR., #711A JENSEN BEACH, FL 34957 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUTOLO, JAMES 9490 S OCEAN DR., #716 JENSEN BEACH, FL 34957 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POLL, DENNIS 5187 WOODBERRY SHELBY TOWNSHIP, MI 48216 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Roy Risberg 9490 S. OCEAN DR JENSEN BEACH, FL 34957 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tom O'Connell 13300 Hidden Creek Plymouth, MI 48170 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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: **Ronald L. Camp** **RONALD L. Camp Secretary** 8/10/05 7722292229

(Signature and typed or printed name of officer or director) Date Daytime Phone #