

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90147 043 \*\*\*\*\*61.25

**DOCUMENT # 756381**

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**

**20032908**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2252281**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

**FL**

Zip Code

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)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **SARNAGO, CATHY**  
CITY-ST-ZIP **PO BOX 303  
DUNEDIN FL 34697**

TITLE ☒ Change ☐ Addition  
NAME **PD**  
STREET ADDRESS **ABBONDANZIO, PAT**  
CITY-ST-ZIP **9602 N.W. 36TH MANOR  
CORAL SPRINGS, FL 33065**

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **ABBONDANZIO, PAT**  
CITY-ST-ZIP **9602 NW 36TH MANOR  
CORAL SPRINGS FL 33065**

TITLE ☒ Change ☐ Addition  
NAME **TD**  
STREET ADDRESS **MICHAEL CARBONE**  
CITY-ST-ZIP **28 RIVERSIDE, #2H  
RED BANK, N.J. 07701**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MAUROVICH, LOIS**  
CITY-ST-ZIP **9400 S OCEAN DR #701B  
JENSEN BEACH FL 34957**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **RONALD CAMP**  
CITY-ST-ZIP **9490 S. OCEAN DR. #711A  
JENSEN BEACH FL 34957**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **BARROS, JOSE**  
CITY-ST-ZIP **2420 SW 126TH AVE  
MIAMI FL 33175**

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

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **RUTOLO, JAMES**  
CITY-ST-ZIP **2300 GRANT MEWS CT  
AMBLER PA 19002**

TITLE ☒ Change ☐ Addition  
NAME **S**  
STREET ADDRESS **STEWART HAROLD**  
CITY-ST-ZIP **2500 SUNSET DR.  
MIAMI BEACH FL 33140**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Ronald Camp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

772 2292229

Date

Daytime Phone #

CR2E037 (10/02)