

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702849

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: OCEAN TOWERS, INC.

**Current Principal Place of Business:**

158 OCEAN DR.  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BLUE LEAF MANAGEMENT  
P.O BOX 190329  
MIAMI BEACH, FL 33119 US

**New Mailing Address:**

FEI Number: 59-0995136      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLUE LEAF MANAGEMENT  
601 COLLINS AVENUE  
SUITE A  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FERDUN, EDRIE  
Address: P.O.BOX 800042  
City-St-Zip: AVENTURA, FL 33280

Title: VPD ( ) Delete  
Name: BEVILACQUA, PAT  
Address: 8100 SCHOTT ROAD  
City-St-Zip: WESTERVILLE, OH 43081

Title: TD ( ) Delete  
Name: TOLEDO, ANA M  
Address: 9901 SW 5 ST CR.  
City-St-Zip: MIAMI, FL 33174

Title: PD ( ) Delete  
Name: MANNING, JIM  
Address: PO BOX 8070153  
City-St-Zip: PROSPECT, NY 13435

Title: SD ( ) Delete  
Name: MURTAUGH, KATHLEEN A  
Address: 158 OCEAN DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: GASPARE, RUFFOLO  
Address: 158 OCEAN DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM MANNING

PD

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date