

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732869

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** OCEANA OF HUTCHINSON ISLAND, INC.

**Current Principal Place of Business:**

9940 S. OCEAN DRIVE  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

9940 S. OCEAN DRIVE  
JENSEN BEACH, FL 34957

**New Mailing Address:**

**FEI Number:** 59-1725440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KATZMAN GARFINKEL ROSENBAUM  
250 AUSTRALIAN AVE. SOUTH  
SUITE 500  
WEST PALM BEACH, FL 33401 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: PD  
Name: WOLOHAN, WILLIAM  
Address: 9940 S. OCEAN DR. #802  
City-St-Zip: JENSEN BEACH, FL 34957

Title: D  
Name: TOWNSEND, ROBERT  
Address: 9940 S. OCEAN DR., #1001  
City-St-Zip: JENSEN BEACH, FL 34957

Title: TD  
Name: GEML, FRED  
Address: 9940 S OCEAN DR, # 309  
City-St-Zip: JENSEN BEACH, FL 34957

Title: SD  
Name: TUTAK, JAMES  
Address: 9940 S. OCEAN DR. #1104  
City-St-Zip: JENSEN BEACH, FL 34957

Title: VPD  
Name: PEREZ, JOSE  
Address: 9940 S. OCEAN DR. #609  
City-St-Zip: JENSEN BEACH, FL 34957

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM WOLOHAN

PRES

01/07/2010

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

\_\_\_\_\_  
Date