

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756416

FILED
Jan 13, 2009
Secretary of State

Entity Name: OCEAN TOWERS UTILITIES CORPORATION, INC.

Current Principal Place of Business:

9400 SOUTH OCEAN DRIVE
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6002
JENSEN BEACH, FL 34957

New Mailing Address:

3480 SE MARTINIQUE TRACE
APT # 103
STUART, FL 34997

FEI Number: 59-2467850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNETT, JANE L., ESQ.
401 EAST OSCEOLA STREET
STUART, FL 34994 US

Name and Address of New Registered Agent:

GERALD JACKSON JR. CPA PA
150 SE CHAMBER COURT
SUITE 202
PORT ST LUCIE, FL 34986 US

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: GERALD JACKSON JR CPA

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: CONNERS, PETE
Address: 9435 S. OCEAN DR.
City-St-Zip: JENSEN BEACH, FL 34957

Title: TD () Delete
Name: YEBRA, JOHN
Address: 10044 S. OCEAN DR.
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: BUSENMANN, BILL
Address: 9400 S. OCEAN DR.
City-St-Zip: JENSEN BEACH, FL 34957

Title: S () Delete
Name: FIELDS, RAYMOND
Address: 9401 S OCEAN DR
City-St-Zip: JENSEN BEACH, FL 34957

Title: PD () Delete
Name: PISANO, FRANK
Address: 9417 S OCEAN DR
City-St-Zip: JENSEN BCH, FL

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:

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: FRANK PISANO

PD

01/13/2009

Electronic Signature of Signing Officer or Director

Date