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

DOCUMENT # 756416

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OCEAN TOWERS UTILITIES CORPORATION, INC. Mailing Address

Principal Place of Business 9400 SOUTH OCEAN DRIVE 9400 SOUTH OCEAN DRIVE JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2467850 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORNETT, JANE L., ESQ. Street Address (P.O. Box Number is Not Acceptable) **401 EAST OSCEOLA STREET** STUART FL 34994 City 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE 1S \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. **VPD** TITLE ☐ Delete TITLE ■ Addition CRECCO, NICHOLAS NAME NAME STREET ADDRESS 9400 S OCEAN DRIVE STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change NAME villanave, don 10044 SOUTH OCEAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Delete TITLE ☐ Change ■ Addition NAME FIELDS, RAYMOND NAME STREET ADDRESS 9401 SOUTH OCEAN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 Delete ☐ Addition TITLE TITLE ☐ Change NAME CASSATA, PETER NAME STREET ADDRESS 9490 S OCEAN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jensen Beach FL 34957 TITLE PD Delete ☐ Change ■ Addition TITLE PISANO, FRANK NAME NAME STREET ADDRESS 9417 S OCEAN DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP jensen BCH fl ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 your an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

04-24-2003 90274 033 ****61.25

Apr 24, 2003 8:00 am Secretary of State