

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90356 009 ****61.25

DOCUMENT # 759033 1. Entity Name OCEAN HARBOUR SOUTH UTILITIES CORPORATION, INC.					
Principal Place of Business C/O ELLIOTT MERRILL MGNT. 835 20TH PLACE VERO BEACH, FL 32960			Mailing Address C/O ELLIOTT MERRILL MGNT. 835 20TH PLACE VERO BEACH, FL 32960		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2747359	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MERRILL, KAREN C/O ELLIOT MERRILL COMM. MGMT. 835 20TH PLACE VERO BEACH, FL 32960				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 D NAME SEITZ, CARL STREET ADDRESS 4250 N A1A, UNIT 1008 CITY-ST-ZIP FT PIERCE, FL	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Martinez, Joseph STREET ADDRESS 4250 N. A1A #1203 CITY-ST-ZIP FT. PIERCE, FL 34949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BOHLMAN, PETER STREET ADDRESS 4250 N A1A #206 CITY-ST-ZIP FT PIERCE, FL 34949	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME HUNT, IRVING "BUD" STREET ADDRESS 4250 N A1A, #506 CITY-ST-ZIP FT. PIERCE, FL 34949	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME DISALVO, NICK STREET ADDRESS 4200 NORTH A1A UNIT 910 CITY-ST-ZIP FT PIERCE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BARAGLIA, ROBERT STREET ADDRESS 4200 N. A1A #1211 CITY-ST-ZIP FT PIERCE, FL 34949	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME GILLILAND, LEWIS STREET ADDRESS 4225 NAIA #19 CITY-ST-ZIP FORT PIERCE, FL 34949	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Irving B. Hunt</i>			4-14-05 772-508853		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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04112005 Chg-NP CR2E037 (10/03)