

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N04000010865**

1. Entity Name  
**OCEAN PALMS AT NORTH HUTCHINSON ISLAND  
CONDOMINIUM ASSOC., INC.**



Principal Place of Business  
**6105 TRANSIT RD - STE 140  
EAST AMHERST, NY**

Mailing Address  
**6105 TRANSIT RD - STE 140  
EAST AMHERST, NY**



01082007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**20-2631860**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CASALINO, GREGG M ESQ  
3111 CARDINAL DR  
VERO BEACH, FL 32963**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HUCK, DAVID A  
STREET ADDRESS 6105 TRANSIT RD - STE 140  
CITY-ST-ZIP EAST AMHERST, NY 14051

TITLE VPST  
NAME CROSBY, BRIAN  
STREET ADDRESS 6105 TRANSIT RD - STE 140  
CITY-ST-ZIP EAST AMHERST, NY 14051

TITLE D  
NAME CROSBY, BRIAN  
STREET ADDRESS 6105 TRANSIT RD - STE 140  
CITY-ST-ZIP EAST AMHERST, NY 14051

TITLE D  
NAME HUCK, GWEN  
STREET ADDRESS 6105 TRANSIT RD - STE 140  
CITY-ST-ZIP EAST AMHERST, NY 14051

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/07 716-639-0396