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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N37832** **(5)**

1. Corporation Name
OCEAN POINTE UTILITIES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O BRUCE UPTON 43 BARKLEY CIRCLE, SUITE 101 FORT MYERS FL 33907	C/O BRUCE UPTON 43 BARKLEY CIRCLE, SUITE 101 FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0211533 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has solely for exemption tax under S. 196.192, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 OCEAN POINTE	26 500 BURTON DRIVE
Suite, Apt. #, etc. 22 5216	Suite, Apt. #, etc. 27 5216
City & State 23 TAVERNIER, FL	City & State 28 TAVERNIER, FL
Zip 24 33070 County 25 USA	Zip 29 33070 County 30 USA

9. Name and Address of Current Registered Agent

ARONOFSKY IRWIN
500 BURTON DR
TAVERNIER FL 33070

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
(If changing registered office) (If changing registered agent) (If changing registered office and registered agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (A-Z)		
TITLE	PD	71 TITLE	D	☐ Change ☑ Addition
NAME	ARONOFSKY, IRWIN	72 NAME	ED DESALVIO	
STREET ADDRESS	500 BURTON DR	73 STREET ADDRESS	500 BURTON DRIVE	
CITY ST ZIP	TAVERNIER FL	74 CITY ST ZIP	TAVERNIER, FL 33070	
TITLE	VPD	71 TITLE	D	☐ Change ☑ Addition
NAME	ARONOFSKY, JILL	72 NAME	JAMES BORUSZAK	
STREET ADDRESS	500 BURTON DR	73 STREET ADDRESS	1801 WINTHROP ROAD	
CITY ST ZIP	TAVERNIER FL	74 CITY ST ZIP	HIGHLAND PARK, IL 60035	
TITLE	STD	71 TITLE	D	☐ Change ☑ Addition
NAME	BADLER, MARVIN	72 NAME	AUDREY GOLDMAN	
STREET ADDRESS	500 BURTON DR	73 STREET ADDRESS	26 HILLWOOD DRIVE	
CITY ST ZIP	TAVERNIER FL	74 CITY ST ZIP	E. BRUNSWICK, NJ 08816	
TITLE	D	71 TITLE	D	☐ Change ☑ Addition
NAME	PETERS, ROBERT	72 NAME	TOM ROCHTER	
STREET ADDRESS	500 BURTON DR	73 STREET ADDRESS	4839 LAVAEL LANE	
CITY ST ZIP	TAVERNIER FL	74 CITY ST ZIP	FT MYERS FL 33908	
TITLE	D	71 TITLE	D	☐ Change ☑ Addition
NAME	DOMINIQUE, JOHN	72 NAME	PAUL THIBODEAU	
STREET ADDRESS	500 BURTON DR	73 STREET ADDRESS	2131 SW 10TH TERRACE	
CITY ST ZIP	TAVERNIER FL	74 CITY ST ZIP	CAPE CORAL, FL 33990	
TITLE		71 TITLE		☐ Change ☐ Addition
NAME		72 NAME		
STREET ADDRESS		73 STREET ADDRESS		
CITY ST ZIP		74 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: IRWIN ARONOFSKY 5/9/95 (305) 453-0850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019043