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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N93000001211 (2)

1. Corporation Name

OCEANA UTILITY COOPERATIVE, INC.



Principal Place of Business

10660 SOUTH OCEAN DR.  
JENSEN BEACH FL 34957

Mailing Address

10660 SOUTH OCEAN DR.  
JENSEN BEACH FL 34957

3. Date Incorporated or Qualified  
03/11/1993

3a. Date of Last Report  
11/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOPKINS, MARTIN L  
10600 S.OCEAN DR.  
JENSEN BEACH FL 34957

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPP  
HOPKINS, MARTIN  
10600 SOUTH OCEAN DR.  
JENSEN BEACH FL 34957

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
D S  
HOWARD METZGER  
10600 SOUTH OCEAN DR.  
JENSEN BEACH FL 34957

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
YANDOLLI, JOHN  
10600 SOUTH OCEAN DR.  
JENSEN BEACH FL 34957

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
DV  
PAUL SANSON  
10600 S OCEAN DR  
JENSEN BEACH, FL 34957

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DR P  
BARON, JOSEPH  
10600 SOUTH OCEAN DR.  
JENSEN BEACH FL 34957

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
MACELLIA, NICK  
10680 S OCEAN DR  
JENSEN BEACH FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
1000017921  
-04/24/96--01020--016  
\*\*\*61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CORBY, DONALD  
10680 SOUTH OCEAN DR.  
JENSEN BEACH FL 34957

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)