

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 761069 (4)

1. Corporation Name  
**OCEANWALK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 5801 NORTH OCEAN BLVD OCEAN RIDGE FL 33435  
Mailing Address: 5801 NORTH OCEAN BLVD OCEAN RIDGE FL 33435

3. Date Incorporated or Qualified: 01/11/1982  
3a. Date of Last Report: 03/29/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-2185177 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**ASSOCIATED PROPERTY MANAGEMENT  
400 S DIXIE HWY., SUITE 10  
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>Treasurer</b>	<input type="checkbox"/> DELETE	11 TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>CONNORS, WILLIAM</b>		12 NAME: _____	
STREET ADDRESS: <b>5801 N OCEAN BLVD #202</b>		13 STREET ADDRESS: _____	
CITY-ST-ZIP: <b>OCEAN RIDGE FL 33435</b>		14 CITY-ST-ZIP: _____	
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	21 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>CORALLO, VICTOR</b>		22 NAME: _____	
STREET ADDRESS: <b>5801 N. OCEAN BLVD #106</b>		23 STREET ADDRESS: _____	
CITY-ST-ZIP: <b>OCEAN RIDGE FL 33435</b>		24 CITY-ST-ZIP: _____	
TITLE: <b>VP</b>	<input type="checkbox"/> DELETE	31 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GREALISH, TOM</b>		32 NAME: _____	
STREET ADDRESS: <b>5801 N. OCEAN BLVD #107</b>		33 STREET ADDRESS: _____	
CITY-ST-ZIP: <b>OCEAN RIDGE FL 33435</b>		34 CITY-ST-ZIP: _____	
TITLE: <b>VICE PRESIDENT</b>	<input type="checkbox"/> DELETE	41 TITLE: <b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>STEPHENSON, RAY</b>		42 NAME: _____	
STREET ADDRESS: <b>5801 N OCEAN BLVD #103</b>		43 STREET ADDRESS: _____	
CITY-ST-ZIP: <b>OCEAN RIDGE FL 33435</b>		44 CITY-ST-ZIP: _____	
TITLE: <b>SD</b>	<input type="checkbox"/> DELETE	51 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PARRY, JOHN</b>		52 NAME: _____	
STREET ADDRESS: <b>5801 N OCEAN BLVD #110</b>		53 STREET ADDRESS: _____	
CITY-ST-ZIP: <b>OCEAN RIDGE FL 33435</b>		54 CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	61 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		62 NAME: _____	
STREET ADDRESS: _____		63 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		64 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]* DATE: 2/21/96 (407) 738-5093  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)