

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33435-6237

3. Date Incorporated or Qualified: 01/11/1982
3a. Date of Last Report: 04/08/1996

2. Principal Place of Business: 21 Suite, Apt. #, etc.
22 City & State: 23
24 Zip: 25 Country
2a. Mailing Address: 26 400 S. Dixie Hwy
27 Suite, Apt. #, etc.: 27 #10
28 City & State: 28 LAKE WORTH, FL
29 Zip: 29 33460
30 Country: 30 USA

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	I	<input checked="" type="checkbox"/> DELETE
NAME	CONNORS, WILLIAM	
STREET ADDRESS	5801 N OCEAN BLVD #202	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CORALLO, VICTOR	
STREET ADDRESS	5801 N. OCEAN BLVD #106	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GREALISH, TOM	
STREET ADDRESS	5801 N. OCEAN BLVD #107	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEPHENSON, ROY	
STREET ADDRESS	5801 N OCEAN BLVD #103	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PARRY, JOHN	
STREET ADDRESS	5801 N OCEAN BLVD #110	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Raynor, Beverly	
1.3 STREET ADDRESS	5801 N. Ocean Blvd, #206	
1.4 CITY-ST-ZIP	Ocean Ridge, FL	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rosnick, Fred	
2.3 STREET ADDRESS	5801 N. Ocean Blvd, #207	
2.4 CITY-ST-ZIP	Ocean Ridge, FL	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cody, Ann	
3.3 STREET ADDRESS	5801 N. Ocean Blvd, #210	
3.4 CITY-ST-ZIP	Ocean Ridge, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: _____ DATE: 3-31-97 738-5093

CR2E037 (9/96)