FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

761069

(4)

| FILED | | | | | | | |
|-------|------|--------|---------|--|--|--|--|
| Mar | 18 | 1998 | 8:00am | | | | |
| Se | cret | ary of | f State | | | | |

| OCEANWALK CONDOMINIUM ASSOCIATION, INC. | | | | | E LEGUIS JARKE GUJOK KIRKE BANG ANKA JANG AKAN AKAN ANGKI AKAN AKAN AKAN AKAN AKAN AKAN AKAN AK | | | |
|---|---|-----------------------------------|----------------|--------------------------|---|---|--|--|
| Principal Place | e of Business | Mailing Address | | | | | | |
| • | | • | | | | | | |
| 5801 NORTH O OCEAN RIDGE | | 400 \$ DIXIE HWY #10 | | | 3. Date incorporated or Qualified | | | |
| | | LAKE WORTH FL 33460 | | | | 01/11/1982 | | |
| | | US | | | | 4. FEI Number Applied For S9-2185177 Not Applied be | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 40.00 | | |
| 21 | | 26 | | | 5. Certificate of Status Desired Section 5. Section 5. Certificate of Status Desired Fee Required | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 6. Election Campaign Financing \$5.00 May Be | | | |
| 22 | | 27 | | | Trust Fund Contribution Added to Fees | | | |
| City & State | | City & State | | | 7. Is this nonprofit corporation a homeowners association? | | | |
| 23 Z _{IP} | Country | Zip Country | | tr. | | ☐ Yes No | | |
| 24 | 25 | 29 | ⊢ , | | | This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes | | |
| 4.51 | 9. Name and Address of Current | j = - j | 1301 | | | 10. Name and Address of New Registered Agent | | |
| | | | | 1 Nam | 6 | | | |
| ASSOCIA | ATED PROPERTY MANAGEMENT | | h | 32 Stree | Addres | ss (P.O. Box Number is Not Acceptable) | | |
| 400 S D | XIE HWY., SUITE 10 | | L | | | | | |
| LAKE W | DRTH FL 33460 | | ľ | B3 | | | | |
| | | | Ī | B4 City | | 85 Zip Code | | |
| 41 Durawani | to the provisions of Sections 617.0500 | and 617 1500 Florida Ctatu | ites the sh | | | | | |
| 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 _ | | | | | | | | |
| 12. | Signature, typed or printed name of registered ager OFFICERS AND | | TE: Registered | Agent signati | periuper enu | when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | PD | DELETE | 1.1 TITL | .E | 1 | ☐ Change ☐ Addition | | |
| NAME | RAYNOR, BEVERLY | | 1.2 NA | AE | | • | | |
| STREET ADDRESS | 5801 N OCEAN BLVD #202 | | 1.3 STR | EET ADDRESS | s | | | |
| CITY-ST-ZIP | OCEAN RIDGE FL | | 1.4 CIT | -ST-ZIP | | | | |
| TITLE | VD | ☐ DELETE | 2.1 Titl | E | | Change Addition | | |
| NAME | ROSNICK, FRED | | 2.2 NA | | | | | |
| STREET ADDRESS | 5801 N OCEAN BLVD #207 | | | EET ADDRESS | S | | | |
| CITY-ST-ZIP TITLE | OCEAN RIDGE FL TD | DELETE | 2. 4 CIT | Y-ST-ZIP | - | ☐ Change ☐ Addition | | |
| NAME | CODY, ANN | | 3.1 IIIX | - | ŀ | Citalige L. Addition | | |
| STREET ADDRESS | 5801 N OCEAN BLVD #210 | | | ie Eet address | | | | |
| CITY-ST-ZIP | OCEAN RIDGE FL | | | rei addiness Y-ST-ZIP | ' | | | |
| TITLE | D | DELETE | 4.1 TITL | | | ☐ Change ☐ Addition | | |
| NAME | STEPHENSON, ROY | | 4. 2 NA | ME | | | | |
| STREET ADDRESS | 5801 N OCEAN BLVD #103 | | 4.3 STR | EET ADDRESS | s | | | |
| CITY-ST-ZIP | OCEAN RIDGE FL | | 4.4 GIT | -ST-ZIP | | | | |
| TITLE | SD | DELETE | 5.1 TITL | E | | ☐ Change ☐ Addition | | |
| NAME | PARRY, JOHN | | 5.2 NAA | CE | | | | |
| STREET ADDRESS | 5801 N OCEAN BLVD #110 | | 5.3 STR | EET ADORESS | ۶ | | | |
| CITY-ST-ZIP | OCEAN RIDGE FL 33435 | T SCIENCE | | -ST-ZIP | | Character C Marine | | |
| TITLE NAME | | ☐ DELETE | 6.1 TITL | | | Change Addition | | |
| | | | 6.2 NAM | | , | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | eet address (-st-zip | ' | | | |
| 14. Thereby c | ertify that the information supplied wit | th this filing does not qualify f | for the exer | nption sta | ited in Se | ection 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. | | | | | | | | |

Ranni Belienty W Payner 3/11/98 738-5093