2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT# # May 02, 2001 8:00 am Secretary of State OCEANWALK CONDOMINIUM, INC. 05-02-2001 90174 024 \*\*\*\*61.25 Principal Place of Business Mailing Address c/o Management Services 5801 N. Ocean Blvd. 5011 N Ocean Blvd. Ocean Ridge, FL 33435 Ocean Ridge, FL 33435 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State Not Applicable 59-2185177 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Palm Beach Palm Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gail Adams Aaskov Management Services of the Palm Beaches (P.O. Box Number is Not Acceptable) 5011 N Ocean Blvd. Ocean Ridge, FL 33435 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to. 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees\_ FEE.IS \$61,25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change ☐ Delete TITLE TITLE Raynor, Beverly NAME NAME 5801 N Ocean Blvd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ocean Ridge, FL 33435 CITY-ST-ZIP ☐ Addition Change D/VPTITLE ☐ Delete NAME Rosnick, Fred NAME STREET ADDRESS street ADD 18 01 N Ocean Blvd. CITY-ST-ZIP CITY-ST-ZIP, Ocean Ridge, FL 33435 ☐ Change \_\_\_\_\_ ☐ Addition ☐ Delete TITLE TITLE D/S NAME NAME Parry, John STREET ADDRESS STREET ADDRESS 5801 N Ocean Blvd. CITY-ST-ZIP CITY-ST-ZIP Ocean Ridge, FL 33435 TITLE Change Addition Delete TIŢLE D/T NAME NĂME Mahon, Patrice STREET ADDRESS STREET ADDRESS 5801 N Ocean Blvd. CITY-ST-ZIP CITY\_ST-ZIP Ocean Ridge, FL 33435 TITLE ☐ Addition ☐ Delete NAME NAME Cody, Ann STREET ADDRESS STREET ADDRESS 5801 N Ocean Blvd. CITY-ST-ZIP CITY-ST-ZIP Ocean Ridge, FL 33435 ☐ Chánge ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered SIGNATURE: