

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90289 020 ****61.25

DOCUMENT # 761069

1. Entity Name

OCEANWALK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5801 NORTH OCEAN BLVD
 OCEAN RIDGE FL 33435

C/O MANAGMNT SERVICES
 5011 N. OCEAN BLVD
 OCEAN RIDGE FL 33435
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2185177

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ASSOCIATED PROPERTY MANAGEMENT
 400 S DIXIE HWY., SUITE 10
 LAKE WORTH FL 33460~~

Name

John Parry

Street Address (P.O. Box Number is Not Acceptable)

5801 N. Ocean Blvd.

City

Ocean Ridge

FL

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.

SIGNATURE

John Parry

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	RAYNOR, BEVERLY	5801 N OCEAN BLVD #202	OCEAN RIDGE FL	<input type="checkbox"/>
VD	ROSNICK, FRED	5801 N OCEAN BLVD #207	OCEAN RIDGE FL	<input type="checkbox"/>
TD	CODY, ANN	5801 N OCEAN BLVD #210	OCEAN RIDGE FL	<input checked="" type="checkbox"/>
D	MAHON, PATRICE	5801 NORTH OCEAN BLVD #61	OCEAN RIDGE FL	<input type="checkbox"/>
SD	PARRY, JOHN	5801 N OCEAN BLVD #110	OCEAN RIDGE FL 33435	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Patrice Mahon
Patrice Mahon Treasurer 04 4-4-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (9/01)