

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # 761069 1. Entity Name OCEANWALK CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 5801 NORTH OCEAN BLVD OCEAN RIDGE FL 33435	Mailing Address C/O MANAGMENT SERVICES 6011 N. OCEAN BLVD OCEAN RIDGE FL 33435 US
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2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2185177	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**PERRY, JOHN
5801 N. OCEAN BLVD.
OCEAN RIDGE FL 33460**

7. Name and Address of New Registered Agent

Name _____

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

City _____ **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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD RAYNOR, BEVERLY	TITLE	
NAME		NAME	
STREET ADDRESS	5801 N OCEAN BLVD #202	STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD CODY, ANN	TITLE	
NAME		NAME	
STREET ADDRESS	5801 N OCEAN BLVD #210	STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D MAHON, PATRICE	TITLE	
NAME		NAME	
STREET ADDRESS	5801 NORTH OCEAN BLVD #61	STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD PARRY, JOHN	TITLE	
NAME		NAME	
STREET ADDRESS	5801 N OCEAN BLVD #110	STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Perry, John EG 1226-370