

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761069

FILED
Apr 17, 2009
Secretary of State

Entity Name: OCEANWALK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5801 NORTH OCEAN BLVD
OCEAN RIDGE, FL 33435

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2185177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAYNOR, BEVERLY
Address: 5801 N OCEAN BLVD #202
City-St-Zip: OCEAN RIDGE, FL

Title: TD () Delete
Name: CODY, ANN
Address: 5801 N OCEAN BLVD #210
City-St-Zip: OCEAN RIDGE, FL

Title: D () Delete
Name: MAHON, PATRICE
Address: 5801 NORTH OCEAN BLVD #61
City-St-Zip: OCEAN RIDGE, FL

Title: SD () Delete
Name: PARRY, JOHN
Address: 5801 N OCEAN BLVD #110
City-St-Zip: OCEAN RIDGE, FL 33435

Title: DV () Delete
Name: CICCI, ALFRED
Address: 5801 N. OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: CODY, ANN
Address: 5801 N OCEAN BLVD #210
City-St-Zip: OCEAN RIDGE, FL

Title: DT (X) Change () Addition
Name: MAHON, PATRICE
Address: 5801 NORTH OCEAN BLVD #61
City-St-Zip: OCEAN RIDGE, FL 33435

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CICCI, ALFRED
Address: 5801 N. OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PARRY

SECR

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date